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ABSTRACT

The Family to Family initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care systems. By 1996, the initiative was being implemented in five states and six counties in two additional states. Drawing on the experiences of Family to Family participants, a framework for child welfare leaders working to reduce the number of children in foster care over 18 months has been developed. This paper opens with a description of recent changes in foster care and a review of the challenges the child welfare system has faced. It then describes how the Family to Family initiative has attempted to reform the system and reduce lengths of stay. The characteristics of children in care and the problems their families face are discussed, as are the barriers that have contributed to children's lengthy stays. The results of Family to Family approaches are reported in the areas of public policy, program management and structure, and program operations. In addition to protecting and supporting children within their family and cultural networks, services for children and families of color need to be improved in other ways. This will require changes throughout the entire child welfare system. Four appendixes contain results from 1996 focus groups, a list of Family to Family programs, a risk assessment matrix, and a checklist for establishing family group conferences. (Contains 71 references.) (SLD)

Family to Family

TOOLS FOR

Rebuilding Foster Care

Policies and Practices

PART ONE

SHORTENING CHILDREN'S STAYS IN TEMPORARY CARE

A Project of the Annie E. Casey Foundation

Family TO Family

TOOLS FOR Rebuilding Foster Care

Policies and Practices

SHORTENING CHILDREN'S STAYS IN TEMPORARY CARE, PART ONE

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Family to Family publications designed by Sharon Musikar

INTRODUCTION

The Annie E. Casey Foundation's Mission in Child Welfare

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that better meet the needs of vulnerable families.

The Foundation's work in child welfare is grounded in two fundamental convictions. First, there is no substitute for strong families to ensure that children grow up to be capable adults. Second, the ability of families to raise children is often inextricably linked to conditions in their communities.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect. The Foundation believes that these community-centered responses can better protect children, support families, and strengthen communities.

Helping distressed neighborhoods become environments that foster strong, capable families is a complex challenge that will require transformation in many areas. Family foster care, the mainstay of all public child welfare systems, is in critical need of such transformation.

The Family to Family Initiative

With changes in policy, in the use of resources, and in program implementation, family foster care can respond to children's need for out-of-home placement and be a less expensive and often more appropriate choice than institutions or other group settings.

This reform by itself can yield important benefits for families and children, although it is only one part of a larger effort to address the overall well-being of children and families in need of child protective services.

Family to Family was designed in 1992 in consultation with national experts in child welfare. In keeping with the Annie E. Casey Foundation's guiding principles, the framework for the initiative is grounded in the belief that family foster care must take a more family-centered approach that is: (1) tailored to the individual needs of children and their families, (2) rooted in the child's community or neighborhood, (3) sensitive to cultural differences, and (4) able to serve many of the children now placed in group homes and institutions.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect.

The ***Family to Family*** Initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:

- ❒ To develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities where the children live;
- ❒ To assure that scarce family foster home resources are provided to all those children (and only to those children) who in fact must be removed from their homes;
- ❒ To reduce reliance on institutional or congregate care (in hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many more of the children in those settings through family foster care;
- ❒ To increase the number and quality of foster families to meet projected needs;
- ❒ To reunite children with their families as soon as that can safely be accomplished, based on the family's and children's needs, not the system's time frames;
- ❒ To reduce the lengths of children's stay in out-of-home care; and
- ❒ To decrease the overall number of children coming into out-of-home care.

With these goals in mind, the Foundation selected and funded three states (Alabama, New Mexico, and Ohio) and five Georgia counties in August 1993, and two additional states (Maryland and Pennsylvania) in February 1994. Los Angeles County was awarded a planning grant in August 1996. States and counties funded through this initiative were asked to develop family-centered, neighborhood-based family foster care systems within one or more local areas.

Communities targeted for the initiative were to be those with a history of placing large numbers of children out of their homes. The sites would then become the first phase of implementation of the newly conceptualized family foster care system throughout the state.

The Tools of *Family to Family*

All of us involved in ***Family to Family*** quickly became aware that new paradigms, policies, and organizational structures were not enough to both make and sustain substantive change in the way society protects children and supports families. New ways of actually doing the work needed to be put in place in the real world. During 1996, therefore, the Foundation and ***Family to Family*** grantees together developed a set of tools that we believe will help others build a neighborhood-based family foster care system. In our minds, such tools are indispensable elements of real change in child welfare.

The tools of ***Family to Family*** include the following:

- ❒ Ways to recruit, train, and support foster families;
- ❒ A decisionmaking model for placement in child protection;
- ❒ A model to recruit and support relative caregivers;
- ❒ New information system approaches and analytic methods;
- ❒ A self-evaluation model;
- ❒ Ways to build partnerships between public child welfare agencies and the communities they serve;
- ❒ New approaches to substance abuse treatment in a public child welfare setting;
- ❒ A model to confront burnout and build resilience among child protection staff;
- ❒ Communications planning in a public child protection environment;
- ❒ A model for partnerships between public and private agencies;
- ❒ Ways to link the world of child welfare agencies and correctional systems to support family resilience; and
- ❒ Proven models that move children home or to other permanent families.

New ways of actually doing the work needed to be put in place in the real world.

We hope that child welfare leaders and practitioners find one or more of these tools of use. We offer them with great respect to those who often receive few rewards for doing this most difficult work.

OVERVIEW

Many child welfare systems are in crisis. Foster care caseloads have more than doubled in the last 10 years in five of the largest states. Over this period, the characteristics and needs of children in care have changed somewhat. At the same time, the outcomes achieved by the system have been disheartening. Infants and younger children are entering care in greater numbers and are staying longer. Children of color are significantly over-represented in foster care and are experiencing longer stays. More young children are being inappropriately placed in group care, hindering their chances of ever finding a permanent home.

Early entry into the system and long stays in care are alarming trends. Empirical research results and child development theory emphasize that placement delays have negative developmental effects on children, particularly those placed at a young age. To develop a healthy and secure sense of self, children need the continuity and stability of a loving, permanent family. While removing children from their homes can be critical to their safety and well-being, leaving them in foster care for a period of months or years can create new problems.

Families and communities are experiencing new and challenging problems that cannot be addressed by the child welfare system alone. Agencies, however, can use their resources more efficiently to better serve families and their children. But to do so, states will need to challenge themselves to rethink the fundamental role of out-of-home care and to consider very basic system reforms.

To help states implement these reforms, the Annie E. Casey Foundation created the ***Family to Family*** Initiative in 1993. Built in collaboration with five states (Alabama, Maryland, New Mexico, Ohio, and Pennsylvania) as well as five counties in Georgia (Fulton, Chatham, Screven, Jenkins, and Emanuel) the Initiative seeks to reform family foster care as a first step to making changes throughout the child welfare system. Underlying this reform effort is the notion that child welfare systems will operate more effectively if family foster care is expanded and improved and used for only those children who truly require it. The effort is also built on the belief that community-based family foster care is a more cost-effective and humane choice for children than institutions or other group settings.

As they progressed, ***Family to Family*** state and local leaders grew increasingly aware of the number of children who, after years in foster care, were still without permanent families. Many of these children had been in care longer than 18 months with no end in sight. In the fall of 1995, the Foundation and the North American Council on Adoptable Children (NACAC) came together to explore ways to prevent long stays in foster care and to provide viable permanency options for children who could not return to their birth parents.

Based on our research, we have developed a practical framework for child welfare leaders working to reduce the number of children in foster care over 18 months. We begin with a brief description of recent changes in foster care and a review of the challenges the child welfare system has faced in responding to these changes. Then, we highlight how the ***Family to Family*** Initiative has attempted to reform the system and reduce lengths of stay.

Next, we examine the characteristics of children in care and the problems their families face. We also discuss the system barriers that have contributed to children's lengthy stays and describe system reforms that have moved children out of foster care more quickly. Because reforms require changes at many points in the system, we report the results of our analysis in three system contexts – public policy, program management and structure, and program operations. Finally, we summarize our conclusions and highlight key recommendations in each area.

THE PROBLEM

Far too many children are growing up in foster care. Though legislative reforms in the early 1980s were aimed at decreasing the number of children in foster care and reducing their lengths of stay, states are still struggling to achieve these goals. Many of the children currently on the caseloads have been in placement for a number of years. As states work to reform their foster care systems, they also need to address this backlog of children in care.

To understand the context in which long delays for foster children are taking place, we must review the child welfare policy reforms of the early 1980s and the dramatic changes in large urban communities in the middle of that decade. The proliferation of family and community problems such as poverty, drug abuse, inadequate housing, and violence over the last 10 years has affected the welfare of children dramatically. As social and family supports have dwindled, more and more children are being placed outside their biological homes. At the same time, the child welfare system has struggled to stay ahead of the increasing number of children in out-of-home care. Below, we briefly examine significant legislative and social changes, the growth in the foster care rolls, and the reasons systems have not adequately responded.

Background

Largely due to policy changes, the number of children in out-of-home care and their lengths of stay significantly decreased between 1979 and 1985. In the late 1970s, child advocates throughout the United States attempted to redefine and refocus the values of child welfare practice through the enactment of the Adoption Assistance and Child Welfare Act (P.L. 96-272). This legislation established a legal basis for the philosophy that the best place for a child to be raised is in a family environment, and that keeping children and families together and affirming the right of every child to a permanent home leads to the best possible outcomes for children. Many child welfare experts believe P.L. 96-272 is the most important piece of child welfare legislation in the last 20 years. Not only does it codify requirements for the preservation of families, but it establishes fair and speedy processes for children who must enter foster care and promotes adoption of those children who cannot return to birth families. It has become the cornerstone of child welfare policy.

The overriding value reflected in P.L. 96-272 is that children belong in families – whenever possible in the home of their biological families. That value is reflected in the following principles of P.L. 96-272:

- ❒ Children belong with birth parents and family breakup should be prevented whenever possible.
- ❒ If a child has to be removed, reunification services should be provided to return that child home as soon as possible.
- ❒ Children in care must be counted and tracked.
- ❒ Written case plans, with mandated periodic reviews, ensure progress toward permanency goals.
- ❒ Courts should have oversight over foster care cases through six-month case

Adoption is an effective permanency option and should be encouraged.

reviews and 18-month dispositional hearings to ensure progress toward permanency goals.

- ❒ Out-of-home care must be the least restrictive available and meet uniform standards.
- ❒ The federal government should share financial responsibility for care of foster and special needs adoptive children.
- ❒ Adoption is an effective permanency option and should be encouraged.
- ❒ Adoption of children with special needs should be encouraged through medical and financial supports.

In the mid-80s, however, the emergence or increasing severity of family problems such as drug and alcohol addictions, AIDS, poverty, and violence left more children vulnerable to out-of-home placement. Alcohol and drug abuse are factors in the placement of more than 75 percent of the children who enter care (GAO, 1994). From 1986 to 1991, the proportion of young children entering care who were estimated to be prenatally exposed to cocaine increased from 17 to 55 percent (GAO, 1994). Roughly 80,000 healthy children will be orphaned by AIDS before the year 2000, with approximately one-third of that number expected to enter the child welfare system. One study showed that housing-related problems due to poverty were a factor in 30 percent of foster care placements (Smith et al., 1994). And many more children are being placed as a result of family violence. From 1985 to 1994, reports of child abuse and neglect increased 63 percent and child fatalities increased 48 percent (NCPCA, 1995).

Changes in Foster Care

Due in large part to these changes, the number of children in out-of-home care increased by approximately 61 percent between 1984 and 1994 (Tatara, 1994). Longitudinal data from the Multistate Foster Care Archive (Goerge et al., 1996) show that the combined foster care caseloads in California, Illinois, Michigan, New York, and Texas – comprising almost half of the nation's foster care population – increased 135 percent from 1983 to 1993. Caseload growth has been concentrated in urban areas but varies substantially within each state. The archive also reveals that children of color are increasingly over-represented in care, although states vary as to the directions in which these populations are shifting. Among all five states, roughly 33 percent of first admissions were white, 40 percent were black, and somewhat less than 20 percent were Hispanic. An equally disturbing trend is the significant increase in infant placement, with children under age one now comprising one-fourth of all entries into care.

The growth in foster care over the last 10 years can be attributed to three factors:

- ❒ increased numbers of children entering care;
- ❒ slowing reunification rates; and
- ❒ reentry into placement of children who were reunited with their families.

According to Goerge et al., increases in infant placements, urban placements, and kinship placements – each associated with longer stays – has significantly affected caseload size (Goerge et al., 1996). In addition, preliminary findings indicate that the rates of reentry into placement among children who have returned home have ranged from 18 to 28 percent in the five states being studied (Goerge et al., 1996).

While the majority – 66.6 percent – of children placed in care return to their biological parents, the others, particularly those in care over 18 months, are never reunited (U.S. House of Representatives, 1994). The longer children stay, the less likely it is that they will ever find a new family, as

older children are harder to place and often find it more difficult to adjust to a new family environment. Only eight percent of waiting children find a new permanent family through adoption. While some find families through guardianship or informal kinship care, many simply exit out of foster care at age 18. Those who reach 18 and age out of the system generally face extremely limited futures: 66 percent leave without a high school diploma, 61 percent leave with no job experience, 34 percent go on welfare, and 25 percent end up on the streets (National Center for Youth Law, 1994).

Systems Struggle to Respond

The growing number of troubled families and children has overwhelmed the child welfare system. With few supports and services for families, workers are placing many more children in out-of-home care to ensure their safety. While child welfare agencies are not responsible for the changes in large urban communities, their inability to respond adequately to these unprecedented pressures and demands has contributed to poor outcomes for children and families. According to one recent state report, "We have a system built for calmer and slower times trying to fulfill its mission in the hectic, violent 1990s. While the conscientious men and women of the [Public Children Services Agencies] do their best, the system within which they work is buckling under incredible pressure" (Tompkins, 1996).

Dozens of jurisdictions are facing lawsuits or are already under court mandates to improve foster care systems. Twenty suits were filed in just the last three months of 1995. An evaluation of one such system – Milwaukee County, Wisconsin – revealed dramatic increases in the numbers of children entering care, inadequate staffing, diversion of federal Title IV-E foster care reimbursement funds to the state, and failure to follow up on 80 percent of child abuse calls. In ɔk County, Illinois, children spend an average of 3.2 years in care. Six judges are responsible for 3,600 cases, and workers in the Division of Child and Family Services carry two to three times the Child Welfare League of America recommended caseload (The Collaborative Court Education Project, 1993).

Although federal and state governments have increased allocations for child welfare services over the last 10 years, a large percentage of those dollars is going into placement rather than family support and preservation services. A study in the three states with the largest foster care populations (California, New York, and Pennsylvania) showed that foster care maintenance and administrative expenditures rose from $848 million in 1986 to over $2 billion in 1992 (GAO, 1994). In response to the rising number of children placed in out-of-home care, federal Title IV-E funding increased dramatically during this time period. Proportionately fewer dollars were channeled into treatment and support of birth families.

In the absence of sufficient help for their parents, children remain in limbo for extended periods of time. Public Law 96-272 requires child welfare agencies to make reasonable efforts to preserve or reunify the family of every child in care. Yet many communities have long waiting lists for substance abuse treatment facilities, lack transportation to services, and have limited job training, respite, or child care services. When such supports are limited or non-existent, agencies find it difficult to meet the reasonable efforts standard. Unable to return home or be freed for adoption, children linger in care.

Even when treatment resources do exist, few systems assess the risks to a child early in a case and tailor the case plan accordingly. Many workers prescribe the same level of services for all families, failing to distinguish those families who are likely to be preserved from those who are not. As a result, children

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Better coordination with substance abuse, mental health, housing, and health services is essential to improving outcomes for children in care.

who could be quickly placed for adoption remain stuck in care. Child welfare professionals often view adoption as a last resort when, in fact, it should be considered early for some children.

Delays for children can also be attributed to the difficulty in crossing system boundaries and coordinating services. Families and children with multiple problems need a variety of services, yet each service system assumes only partial responsibility for the family's care. Families get shuffled from service to service, intake to intake, delaying the provision of services and thus lengthening the child's time in care. Better coordination with substance abuse, mental health, housing, and health services is essential to improving outcomes for children in care.

A lack of clarity and consistency in statutes and poor coordination between child welfare and legal systems also exacerbate the problem of moving kids out of foster care. Many states have written the federal reasonable efforts standard into their termination of parental rights statutes. However, vague statutes, subject to differing judicial interpretations, complicate the permanency planning process. In addition, many social workers and attorneys begin working together far too late in a child's case. Both parties are then deprived of essential facts – the social worker may not have built her case on solid legal grounds, while the attorney has little basis to meet the reasonable efforts standard in court.

Child welfare professionals are searching for strategies and tools to address these system obstacles. While some reforms can be achieved through improving practice protocols, others require or are strengthened by changes in policy or improved program management. Because foster care programs exist within a complex, multi-level system, reforms must be made in all three contexts – public policy, program management and structure, and program operations – to be truly effective. In all three areas, changes should be community-based, collaborative, sensitive to cultural differences, and outcome driven.

CHARACTERISTICS OF CHILDREN IN CARE OVER 18 MONTHS

Before considering reforms, public agencies should identify the characteristics of children in foster care over 18 months as well as the characteristics of their families. First, child welfare workers need to understand the risk factors that contribute to long stays in care and must be able to assess these factors early in a child's case. Second, it is important to highlight family and community issues to which the child welfare system is still struggling to respond. We do not highlight these characteristics in order to blame families or children for their problems, but rather to enhance the service system's capacity to intervene effectively.

Longitudinal data from the Multistate Foster Care Archive (Goerge et al., 1996) show that median lengths of stay range from just under nine months in Texas to almost three years in Illinois. Yet the length of time a child remains in care varies widely among different population subgroups. In all archive states except Texas, urban foster children are likely to stay in care substantially longer than children in other areas. African American children tend to experience longer first placement spells than children of other races in California, Illinois, and New York. Median durations for Latino children are relatively long compared with whites in Illinois and New York, and relatively short in Michigan. Children who enter foster care as infants in California, Michigan, and New York remain in care longer than any other group. In New York, the median duration for infants is over 42 months, more than a year longer than for any other group of children. Over the last 10 years, the growth in kinship placements has been dramatic, and these placements average 30 percent longer stays than non-relative placements (Goerge et al., 1994).

Parental drug abuse is one of the most significant factors in cases where reunification is delayed (APWA, 1995). Family poverty is notable as well – the principal caretaker (before placement) of 41 percent of children in care over 18 months was an Aid to Families with Dependent Children (AFDC) recipient (Maza, 1996). Other characteristics of families with children in care for long periods include:

- ❒ a prior placement of the child or his or her siblings;
- ❒ long-term, severe emotional and physical neglect;
- ❒ a lack of social support for the family;
- ❒ extreme isolation of the family in a deprived neighborhood;
- ❒ chronic family violence; and
- ❒ a history of mental illness by the care-taking parent(s) (NACAC, 1996).

The characteristics noted should not be viewed as single issues but as a web of factors that can eventually impede or destroy family functioning. That is, if the primary caretaker in the family has a history of mental illness, substance abuse, or violence and these conditions are aggravated by societal pressures such as poverty, homelessness, isolation, and discrimination, the risk of family disintegration is much higher. Children in these families are likely to be placed in out-of-home care and, due to the severity and complexity of family problems, are unlikely to return home soon.

Increased knowledge about the characteristics of children and families who experience long stays enables states to explore how the needs of these children and families are not being met by the current system. Reforming child welfare is not a linear process – one factor does not directly affect another and lead to a clear and logical solution. More often, it is the complex interplay between family characteristics and system barriers that contributes to long stays for children in foster care. Because foster care services exist within a multilevel child welfare system, reforms need to be designed within several contexts – public policy, program management, and program operations. In the next section, we present a framework to assist public welfare agencies in examining system barriers and implementing change.

A FRAMEWORK FOR REFORM

As discussed earlier, the ***Family to Family*** Initiative was designed to reform family foster care as a first step to improving outcomes for families and children served by public child welfare agencies. In doing so, however, those involved recognized that family foster care is but one component of a highly interdependent and multilevel child welfare system. Therefore, they sought to understand the policy, organizational, and programmatic context within which family foster care services fit.

Figure 1 outlines the conceptual framework for child welfare reform designed by the ***Family to Family*** evaluation team (Usher et al., 1995). In planning, implementing, and evaluating reforms, the authors contend, consideration must be given to four broad sets of "planning and evaluation domains":

1. The public policy context includes the values and principles held by the public and policy makers (elected officials, judges, administrators, etc.) as well as the legislation, regulations, and budgets that translate attitudes and opinions into programs. The resource allocations and operating standards that define policies toward families and children are determined with this domain.

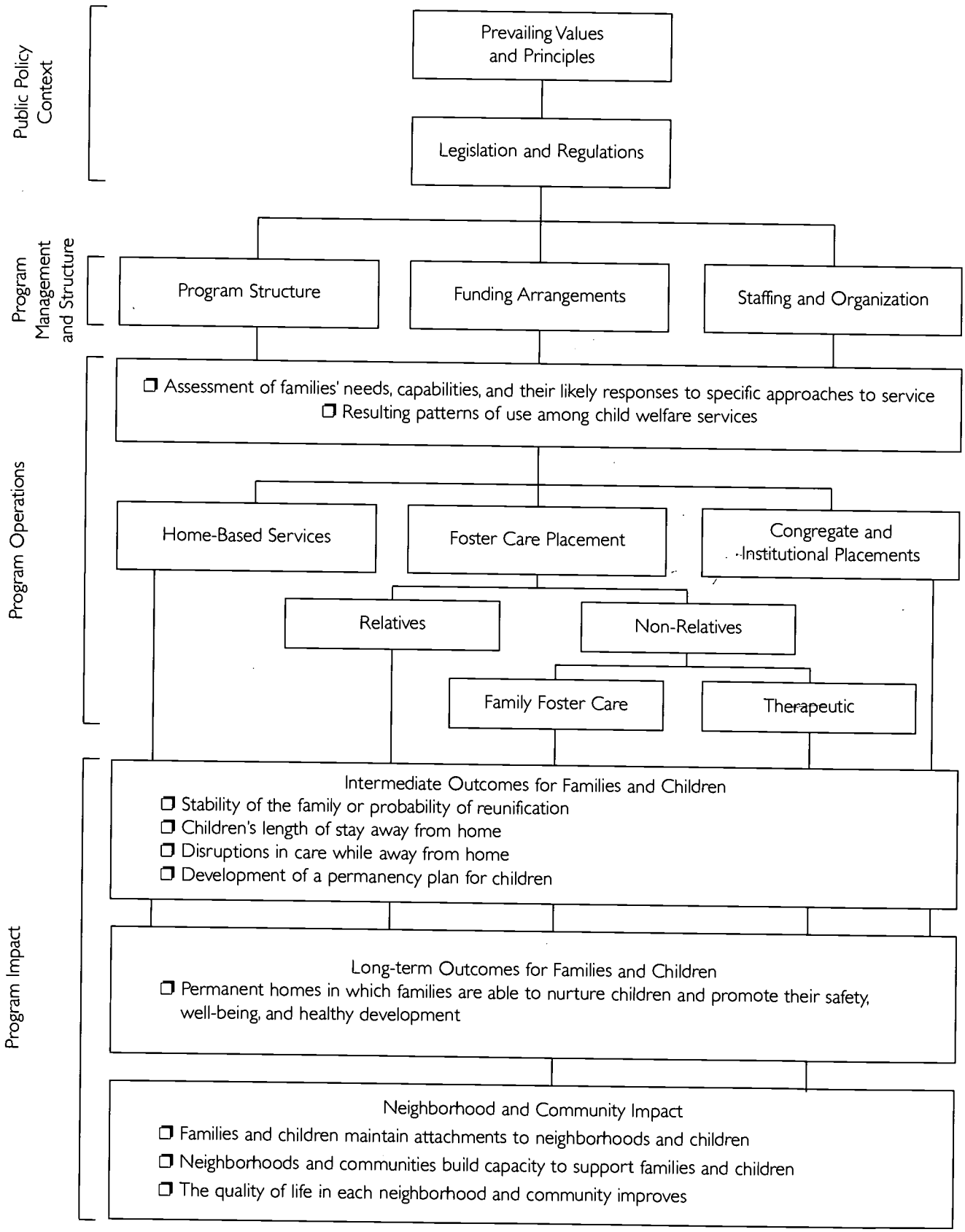
2. Program management and structure defines the way in which child welfare services are organized into programs, the channels through which funds are allocated, and the way in which the staff and other resources are organized to provide services. Decisions made within this domain determine the types of services that are available and how they interact.

3. The program operations domain describes the continuum of child welfare services in a state or community. Family assessment and gatekeeping, which may be formal or informal processes, are also within this domain. These processes affect the volume, mix, and patterns of services that are likely to be provided to families with a given set of needs and capabilities. Program operations also include ancillary programs, such as training, that affect the quality and availability of services.

4. Program impact, the last domain, includes outcomes for individual families and children and the cumulative impact on neighborhoods and communities. This involves the experience of families and children served by the system as measured by conventional permanency outcomes such as the frequency and duration of out-of-home placements, patterns of family preservation or reunification, and the reemergence of service needs over the long term (for example, reentry into out-of-home care for children who have been reunited with their biological families). It also includes changes in family functioning and the health and development of children being served.

In the next three sections, we explore system reform within the first three domains of this framework. We discuss system barriers in terms of the families and children most likely to be affected by them and then suggest successful ways to address those barriers. Our goal is two-fold – to illustrate the complex relationship between family characteristics and system barriers, and to show how changes at all three levels of the system – public policy, program management and structure, and program operations – are critical to improving outcomes for children and families.

Figure 1: Planning and Evaluation Domains



PUBLIC POLICY

We begin our discussion of system barriers and solutions with those found in the public policy context. Public policy includes the federal and state legislation, administrative rules, and resource allocation needed to translate values and principles into agency practice. While the values of the 1980 Adoption Assistance and Child Welfare Act (P.L. 96-272) have been lauded over the last decade, there is a critical need to develop clear statutes and rules to help workers tackle issues not specifically addressed by that legislation. Policies need to be in place which address funding incentives that discourage effective permanency planning. In this section, we discuss the effect of these funding incentives as well as the need for clearer termination of parental rights statutes, the complexity of kinship care, and the overuse of long-term foster care as a case plan goal.

System Barrier: **Current funding streams (e.g., Title IV-E) provide incentives for keeping children in care.**

Proposed Solution: **Giving states leeway to experiment with alternative methods of funding and administering child welfare services offers promising results.**

P.L. 96-272 requires states to prevent the unnecessary placement of children in foster care and to reunite foster children with their families whenever possible. Funding barriers, however, constrain states' ability to accomplish these goals. The current federal system for financing foster care and family preservation services has resulted in higher rates of out-of-home placements. This barrier affects all families with children in care.

The economic incentive to place children in out-of-home care exists in part because federal foster care funding (Title IV-E) is an open-ended uncapped entitlement, while federal funding for child welfare services (Title IV-B) is capped. Although the authors of P.L. 96-272 sought to remove this incentive, their solution proved to be short-lived. In theory, one would expect the two funding streams to grow at a similar rate, but the IV-B cap prevents this from happening. By 1992, the ratio of IV-E expenditures to IV-B appropriations was about 8 to 1 (GAO, 1993). New federal funding for family preservation and family support, authorized in 1993 as a capped entitlement under subpart 2 of Title IV-B, is likely to help bridge this gap. As states have only just begun implementing their five-year plans, it is too early to determine the effects of these new grants.

To further increase funding for child welfare services, P.L. 96-272 permits states to place a ceiling on IV-E foster care costs, and to use unexpended foster care funds for Title IV-B child welfare services. During the first several years following passage of the 1980 law, the transfer mechanism provided a substantial amount of funding for child welfare services. The subsequent growth in foster care caseloads and expenditures, however, has left little or no unused IV-E funding to transfer to IV-B activities. According to a GAO report, the number of states transferring funds from Title IV-E to IV-B, and the amount transferred, steadily declined from 1983 to 1993 (GAO, 1993).

In addition, prior to 1994, the Social Security Act included no waiver provision for the Title IV-E foster care program. As a result, states were not able to use IV-E funds to develop innovative methods of providing services. For example, in 1992 New York was denied a request for a waiver to use Title IV-E funds for a family preservation

Delaware will use Title IV-E funds to implement two innovative approaches to service delivery.

demonstration project (GAO, 1993). On October 31, 1994, however, President Clinton signed Public Law 103-432, which, among other things, authorized the U.S. Health and Human Services Secretary to permit up to 10 states to conduct child welfare demonstration projects that entail the waiver of Titles IV-B and IV-E. Once a demonstration project has been approved, that same approach can be used by any state with a waiver. This allows innovative programs to be implemented and tested on a wider scale.

Fourteen states submitted waiver proposals in response to a formal announcement in June 1995. On June 17, 1996, Delaware was the first state approved for its waiver. Illinois was also recently approved. Delaware will use Title IV-E funds to implement two innovative approaches to service delivery. First, multi-disciplinary teams comprised of social workers and substance abuse counselors will work with families where parental substance abuse is putting children at risk. These teams will reduce the number of children entering foster care or delay their entry. In situations where children must eventually come into care, effective services both before and after placement will speed permanence for children by ensuring that reasonable efforts have been made to prevent placement and that reunification services have been provided.

Second, Delaware will offer subsidized guardianship as an alternative to long-term foster care in those situations where termination of parental rights is not realistic or adoption is not in the best interest of the child. The Illinois demonstration also creates a subsidized guardianship option. This change will provide a greater degree of stability for children and reduce foster care maintenance costs.

Delaware and Illinois are not the first to develop new approaches. In 1993, before federal waivers were approved, the New York state legislature amended its social services law, authorizing the Department of Social Services to conduct a three-year demonstration project entitled HomeRebuilders. The demonstration project was designed to facilitate the discharge of foster children to suitable permanent homes in a more timely manner. HomeRebuilders' three core objectives were:

- ❒ Demonstrate the effectiveness of service continuity, intensified discharge planning, and the provision of aftercare services as a means to achieve earlier permanence for children;
- ❒ Test an alternative to the per diem method of agency reimbursement; and
- ❒ Evaluate whether Title IV-E maintenance payments can be shifted to child welfare services in a cost-neutral way that is more consistent with public policy goals.

HomeRebuilders sought to stimulate more careful discharge planning and aftercare services by making funds available to meet service needs before and after reunification. These services were designed to help families overcome barriers to reunification. The assumption underlying the program was that discharge planning and aftercare services would reduce the amount of time children spend in foster care and lower the rates of foster care reentry in the same way that preventive services help families avoid unnecessary placements.

Reduced lengths of stay and lower reentry rates were crucial to the fiscal rationale of the HomeRebuilders program. Shorter stays and fewer reentries clearly reduce maintenance payments, and the subsequent cost savings can be used for family support and treatment. The goal is a cost-neutral program, where the savings on foster care maintenance payments would be equal to or less than the amount spent on discharge planning and aftercare services.

Rather than providing the customary per diem payment, the state paid the six agencies participating in the program a flat rate for each child sufficient to cover the cost of a full year of foster care. If children lingered in foster care and spending exceeded the state payments, the agency would be liable for the additional costs. In addition, if the children who returned home reentered foster care during the three-year pilot period, the agency would be responsible for paying for their care.

While agencies were asked to take greater financial risks under this new system, they also had the flexibility to spend the money on services they felt were necessary for a family. With the increased flexibility, one agency hired a substance abuse counselor who worked closely with parents finding programs to meet their needs. The agency also gave five former clients jobs as parent advocates and offered classes in child care, spiritual life, and domestic violence. To stabilize families, caseworkers helped parents find housing, educational programs, or jobs.

Participants and other child welfare advocates had a number of concerns about New York's pilot, terminated by the city in December 1995 (Dugger, 1994). Some participating agencies struggled with the larger-than-expected proportion of children who were headed for adoption. They feared that costs would skyrocket as these children would not be able to be placed quickly due to delays inherent in the adoption process. Many advocates were concerned that, given the financial incentives, children would be sent home too early – before their families received sufficient services – thus endangering them. Other critics worried about applying cost-containing methods to the child welfare system. They argued that such programs need to account for the exceptions – children and families who need long-term, intensive services.

While these are credible arguments, many contend that HomeRebuilders made a difference in the lives of a number of families and children. Although the evaluation of the two-and-a-half-year program has not been completed, preliminary results suggest that lengths of stay for children in the pilot were 15 percent shorter than those in traditional programs. Of the 242 children reunited with their families through one participating agency, only five have re-entered foster care.

Policies that allow child welfare agencies to use resources more flexibly and creatively are still in the pilot phase. Early results, however, are positive and indicate that aspects of these new approaches may offer agencies the opportunity to provide effective services to families and move children through the foster care system more quickly.

System Barrier:
The issue of what permanency means for children in kinship care remains unresolved.

Proposed Solution:
Systems need to test policies which are specifically designed to protect and support children within their extended family network.

States have significantly increased their use of kinship foster care in recent years. According to a U.S. Health and Human Services report based on data from 29 states, the number of children placed with relatives grew from 18 percent in 1986 to 31 percent in 1990 (U.S. House of Representatives, 1994). In some states, the percentage of children in kinship care is even higher. Children living in kinship care accounted for 38 percent of New York's total caseload in 1990 and 51 percent of Illinois' in 1992 (Hegar & Scannapieco, 1995).

The fostering of children by relatives is not new. Some estimate that there are as many as 4.2 million children living with relatives, most without any social service agency involvement (McFadden, 1994). Yet

States have significantly increased their use of kinship foster care in recent years.

Unlike non-relative foster care, kinship care frequently allows siblings to be placed together.

the increasing number of children in foster care and the declining pool of traditional foster families have led child welfare agencies to more often choose relatives to care for dependent children. Thus, formal kinship care generally refers to cases in which a child in the custody of the state due to abuse or neglect is placed with a relative or close family friends.

Many agencies also shifted their focus due to increased recognition of the benefits of family care in the lives of abused and neglected children. With relatives, children share a history, race and culture, and they often feel more comfortable talking about their parents. Unlike non-relative foster care, kinship care frequently allows siblings to be placed together. Studies also show that kinship caregivers see their young charges as less problematic than do unrelated foster parents. Children placed initially in relative homes experience fewer moves and are less likely to re-enter care after returning home than those placed in non-kin care (Berrick et al., 1995).

Despite these obvious benefits, the use of kinship care as an effective permanency planning strategy is complicated by a number of factors. First, there is no consensus among child welfare professionals regarding the role of kinship care providers – are they family or are they foster parents? This lack of consensus creates confusion over how to regulate kinship care and which services and supports to provide to relative caregivers. Second, there is no consensus about the role of these providers – are they working to reunify and preserve families or are they serving as permanent new families? Data show that children in kinship foster homes remain in care 30 percent longer than those in non-relative placements. It is difficult to tell if these longer stays reflect stability and emotional permanence or are evidence of poor reunification efforts.

Children and families of color are most seriously affected by this barrier. Reflecting the population of children in care, kinship families are predominantly families of color – one study showed that 90 percent of kinship providers in New York City and Baltimore were African American. Kinship providers are often grandparents, and frequently are single grandmothers. They are predominantly female, low income, and have low educational attainment (U.S. House of Representatives, 1994).

Despite their needs, many impoverished relative providers receive fewer monetary benefits and services than foster parents with greater financial and family stability. In 1979, the U.S. Supreme Court ruled in *Miller v. Youakim* that relative homes meeting foster home licensing standards were eligible for the same reimbursement as nonrelative homes. But because many kinship providers lack the necessary square footage or bedroom space in their homes, they cannot meet the licensing requirements and thus cannot receive the full foster care reimbursement or critical support services.

But disparate treatment of caregivers is not the only obstacle for children in kinship homes. Existing federal or state policies may also discourage permanence for children cared for by relatives, thus lengthening their time in care. Many birth parents whose children are in kinship care have incomes at or below the poverty line and receive Aid to Families with Dependent Children (AFDC) (CWLA, 1995). When kin caregivers receive the foster care rate, which is substantially higher than the AFDC rate, the total extended family income is raised. If children return home, total extended family income can drop as much as 50 to 75 percent (Takas, 1992). Some contend this financial disincentive is one possible reason why children in relative placements are less likely to be reunited with their biological parents (Berrick et al., 1995).

Low reunification rates are only part of the reason why children in kinship placements stay in care longer. Children in kinship care are far more likely to age out of the system than to find a new adoptive family. A 1991 study conducted in New York City revealed that 88 percent of children in kinship care had independent living as a case plan goal, compared to only 42 percent of children in non-relative care (Thornton, 1991). Only 10 percent of all children in kinship placements had adoption as their goal, while 38 percent of children in non-relative homes had this goal.

Studies show that adoption of related foster children is not popular with many kinship care providers. Findings from one study indicate that, while 95 percent of kinship providers were aware of their eligibility for adoption assistance, 85 percent said they would not adopt, and five percent said they would adopt only if pressured by the agency. The vast majority of respondents claimed that adoption was not necessary since they were already a family. Others stated that adoption would cause conflict in their relationships with the child's biological family. While the idea of adoption was rejected, all kinship providers in the study were committed to long-term care of the child (Thornton, 1991). Though they stay in care longer than others, children placed with relatives experience more overall stability – fewer moves and more family continuity. It is important to recognize that at times, the perception of permanence and connection can be as important as legal status (McFadden, 1995).

While offering a high degree of stability, many kinship foster families still lack the necessary resources and supports to care for their related children. Many of these problems exist because the foster care system was developed with non-relative foster care providers in mind. Policies are needed at the federal and state level to establish licensing and service standards for kinship foster care providers and subsidized guardianship programs.

At a minimum, alternative licensing standards for relative foster care providers are necessary. New York and Illinois have developed such standards. While potential kinship caregivers must undergo basic safety inquiries such as criminal record and fire safety checks, home square footage and foster parent training requirements are waived. Once approved under these new standards, relative providers receive the same level of financial assistance and the same permanency planning services as non-relative foster parents.

Modified licensing standards, however, do not address the financial disincentives for reunification that some argue are inherent in the provision of the foster care rate. Takas suggests that with a federal IV-E waiver, states could provide a kinship care stipend somewhere between the AFDC and the foster care level, but also guarantee specific services such as housing assistance, after-school care, and extended daycare. Ideally, many of these services should remain in place when children are returned to the parental home. State expenditures that would have gone to higher foster care payments for non-relative families would instead be devoted to strengthening the extended family (Takas, 1992).

As discussed earlier, while kinship caregivers are unlikely to adopt, many are committed to long-term care of their related children. Given their tenuous financial status, however, many cannot realistically commit themselves to a child's long-term care without some monetary support. As a result, children cared for by relatives often remain on the foster care rolls. To address this need, a number of states have instituted subsidized guardianship programs, providing a stipend – in some cases equal to the foster care reimbursement rate – to relative or non-relative guardians. With guardianship, no termination

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The formal use of kinship care in permanency planning is relatively unexplored.

of parental rights is required, making it a more appealing option for kin. In addition, because subsidized guardianship reduces or eliminates the need for agency supervision, casework costs are reduced. States such as Alaska and Massachusetts have reported success moving children from long-term foster care placements into subsidized guardianship with relatives and have experienced fiscal savings.

Many states, however, are still leery of instituting subsidized guardianship programs due to funding barriers. As Schwartz points out, unlike foster care maintenance payments and adoption subsidies, the current law does not provide any federal reimbursement for payments made to guardians. As a result, the federal government may realize substantial savings, while state and local governments see none (Schwartz, 1993). Although, as Alaska and Massachusetts report, states may realize a fiscal savings from reduced administrative costs, this reduction may be offset by the increased burden on state and local funds. Allowing federal Title IV-E funds to be used for guardian reimbursement, currently being demonstrated in Delaware and Illinois, would provide a greater incentive for states to support kinship caregivers through subsidized guardianship.

Agencies also need to develop policies clarifying the goals of kinship care and the support and supervision appropriate in each case. The goal of relative care is not the same in every case – kinship care is used both as a temporary placement resource and a permanency planning option. Too often, however, kinship care as a permanent plan results by default rather than evolving from careful assessment and planning (Ingram, 1996). Subsequently, support and supervision are not tailored to the unique needs and strengths of each extended family.

In response, Hornby et al. contend that the need for support and the need for supervision must be considered separately, and that the level of support provided should be in inverse proportion to the caregivers legal and social obligation to care for the child. They make the following recommendations for the development of kinship policy:

- ❒ The federal government should create one or more mechanisms for the support of relative caregivers that do not necessarily require the involvement of the child welfare agency as a condition for that support.
- ❒ State governments should limit their supervision of relatives, both initially and on an ongoing basis, to those situations that truly demand oversight and monitoring to assure the child's safety (Hornby et al., 1996).

The formal use of kinship care in permanency planning is relatively unexplored. The recently passed Personal Responsibility and Work Opportunity Act (P.L. 104-193) requires states to consider giving preference to adult relatives over non-relative caregivers, meaning that states will now have to develop kinship care policies and procedures. To implement the most effective policies and programs for children placed with relatives, more research and experimentation with new approaches is necessary. In developing these new methods, policy makers and practitioners need to consider the unique cultural foundation of kinship care and design programs that enhance the strength of the extended family network. In addition, agencies must provide extensive caseworker training specific to kinship care and family-focused practice.

System Barrier:
Overuse of long-term foster care as a case plan goal denies children a permanent home.

Proposed Solution:
States should tighten and limit the use of the long-term foster care status. Agencies should review all cases for possible change of case plan to adoption or subsidized guardianship.

Under many state laws there are three permanency planning options for children who cannot be reunified with their biological families – adoption, guardianship, and long-term foster care. Agencies place many children in long-term foster homes after determining that adoption is not in their best interest. This decision is often made for the following reasons:

- The agency or court believes the child is unlikely to be adopted. If parental rights are terminated, these children lose ties to their biological parents. Typically, older children and those with severe disabilities fall into this category.
- The agency or court decides that termination of the parent-child connection is not in the child's best interest. This may apply to children who cannot function competently in a family setting, adolescents opposed to termination and adoption, children in placements with kin who are reluctant to terminate parental rights, or children whose parents are institutionalized or hospitalized for long periods.
- The agency or court concludes that adoption would not be financially feasible for a potential adoptive family. Because adoption assistance does not always compensate families who adopt children with costly medical conditions, those children may be better served in long-term foster care (Hardin & Lancour, 1996).

For these reasons, the children most likely to be placed in long-term foster care are older, have serious emotional or behavioral problems, have costly medical conditions, or are in kinship placements. A long-term foster care placement may be the best and most realistic option for some of these children. Certainly, children with severe disabilities or medical conditions receive needed services, supports, and benefits in foster care that would not be offset by adoption assistance. Some of these children are better off in long-term therapeutic or medical foster care so that caregivers have the financial resources and supports to provide the necessary care.

In addition, some teenagers are unlikely to be reunified or adopted, particularly those who have spent years in placement and experienced multiple moves. Studies show that about 25 percent of the children in foster care in this country require a major investment in treatment due to their time in care (Fanshel, 1992). Other teens express an unwillingness to be adopted or have their parental rights terminated, although this may be due to the system's labeling of them as "unadoptable." While reform efforts should attempt to reduce the number of children deleteriously affected by their time in care, in the meantime child welfare systems must make every effort to smooth their transition from foster care to independent living. Preparing these young adults for life after foster care is vital. A Westat, Inc. study conducted in the early 90s showed that a combination of several types of independent living services had particularly positive effects. Youth who received skills training in five core areas – budgeting, obtaining credit, consumer skills, education, and employment – reported greater job stability, less receipt of public assistance, better access to health care, and greater overall satisfaction with their lives (Cook, 1994).

Agencies place many children in long-term foster homes after determining that adoption is not in their best interest.

Many adolescents who could benefit from adoption or guardianship are overlooked based on the assumption that they are too old.

While long-term foster care may be the best alternative for some children, it is designated as the case plan for too many children whose interests would be better served by adoption or guardianship. Counties in Montana, Ohio, California, and Pennsylvania have identified the increasing use of long-term foster placements as a major barrier to permanence for children in care. More and more young children have long-term foster care as their case plan goal. Many adolescents who could benefit from adoption or guardianship are overlooked based on the assumption that they are too old. And children in kinship care, excellent candidates for guardianship, are often relegated to long-term foster care status.

In many cases, long-term foster care placements serve neither the best interests of the state nor those of the children. Adoption and guardianship (even when subsidized) are far more cost-effective than continued foster care. A Westat, Inc. study released in 1993 projected that the adoption of 40,700 children who receive adoption assistance will save the federal and state governments combined more than $1.6 billion in administrative costs over the long term (Sedlack & Broadhurst, 1993). States with subsidized guardianship programs have also reported substantial cost savings as a result of moving children from long-term foster care to guardianship placements (personal communication, 1996).

In addition to draining state and federal resources, long-term foster care can be damaging to children's lives. Most studies report poor outcomes for children who age out of foster care, never finding a permanent home. Many former foster children perform below average academically; about 25 percent receive public assistance at some point as adults; and a disproportionate number of the homeless have spent time in foster care (McDonald et al., 1993). Studies also show that children who age out of care are likely to have higher numbers of teen pregnancies, more marriages to spouses who fail to provide emotional support, and greater social isolation than the general population (McDonald et al., 1993). Though many agree that stable, long-term family foster care placements can produce positive outcomes for children, studies show that roughly half of long-term placements, particularly for older children, disrupt (Barth & Berry, 1988).

Given these drawbacks, every public child welfare agency should review the status of children in long-term foster care and justify why they would not be better served by adoption or guardianship. Policies should be developed specifically outlining conditions when the use of long-term foster care as a case plan goal is appropriate and when it is not. Staff should then be trained to ensure that all within the agency understand the new policy and its implications for practice. Agency resources need to be redirected to allow targeted staff to focus exclusively on achieving permanence for specific children. Finally, case plans need to be reviewed to ensure that children are not being inappropriately placed in long-term care.

Several programs have implemented these ideas and experienced tremendous success. In 1991, three California agencies developed a new program called Partners in Placement (PIP). PIP, an innovative public/private partnership in San Francisco County, was designed to recruit culturally appropriate adoptive families for children identified by the agency as hard to place. By reducing caseloads and experimenting with innovative recruitment methods, PIP placed 110 children in three years, providing substantial cost savings to the county. As a result of its success, the collaborative, previously funded by a local foundation, has contracted with San Francisco County to continue to recruit community-based adoptive families for county foster children.

States have also found that subsidized guardianship, discussed in detail earlier, is an effective permanency alternative for children in long-term foster care placements. Subsidized guardianship is particularly useful for older children and children in kin placements as it provides a greater degree of family stability without requiring termination of the birth parent's rights. Alaska child welfare staff report that they have placed a significant number of teenagers as a result of their subsidized guardianship program (personal communication, 1996). Though no formal evaluation has been done of the six-year-old program, staff report that disruption rates are very low.

While it is unrealistic to expect that all long-term foster children will find permanent homes, these models show that more children can be placed through adoption or guardianship. Research and experience clearly indicate that these options are less costly for state and federal governments and more beneficial for children.

System Barrier:
Confusion about reasonable efforts and vague state statutes complicate the permanency planning process.

Proposed Solution:
Well-drafted statutes – delineating clear permanency planning timelines, allowing for early termination of parental rights in specific cases, and encouraging the possibility of voluntary relinquishment – speed resolution for children unlikely to return to their birth families.

P.L. 96-272 requires child welfare agencies to make reasonable efforts to preserve or reunify the family of every child in care. Recognizing that children are traumatized by separation from their families, Congress intended that diligent efforts be made to improve family functioning and to make the home safe for the child. Unfortunately, the law does not provide a clear definition of what constitutes reasonable efforts, leaving states confused as to how to interpret the provision.

The children most seriously affected by this barrier are those whose families have complex problems such as drug or alcohol addictions or mental illness. Vague state termination of parental rights statutes leave agencies and attorneys with no clear direction as to when sufficient time and services have been provided to families experiencing chronic and addictive problems. Consequently, they are reluctant to file petitions requesting termination of parental rights until many services have been offered over a long period of time. In addition to causing damaging delays for children, such efforts absorb scarce agency resources that could be used more effectively to help families likely to be preserved.

To compound these problems, fear of losing contact with their children inhibits many birth parents from relinquishing parental rights without a fight. Even those who recognize their inability to parent and the improbability of reunification resist letting go. State adoption laws can actually discourage voluntary relinquishment. Closed adoption – prohibiting visitation, communication, and the exchange of any information about the children – leaves biological parents trapped between two unappealing extremes. They cannot manage to care for their children, but they cannot bear to give them up entirely. As a result, if the agency has insufficient grounds for involuntary termination of parental rights, the children may spend many years waiting for resolution.

Statutes are needed that will enable agencies to more swiftly achieve permanence for those children unlikely to return home. These statutes should address both how agencies can meet reasonable efforts standards and how they can encourage more parents to voluntarily relinquish rights. Hardin and Lancour (1996) provide a number of recommendations for developing an effective state termination of parental rights statute.

Statutes are needed that will enable agencies to more swiftly achieve permanence for those children unlikely to return home.

The statute, they suggest, should explicitly detail grounds for termination. It should require that termination be in the best interest of the child and should set forth criteria for making that determination. The statute should be clear and specific in describing those extreme situations where reunification services need not be provided and early termination may be sought. In cases where parents have failed to improve despite agency services, the statute should set a realistic time frame before termination is ordered. States should develop time frames that are appropriate to the child's age. Time limits should be shorter – six months to a year – for infants or younger children, as each month is critical in developing new ties. Time frames for older children may range from a year to 18 months (Hardin & Lancour, 1996).

According to Hardin and Lancour (1996), termination statutes should encompass all of the following grounds:

- ❒ Despite diligent and appropriate efforts by the child protection agency, the parent has failed to make necessary improvements for the child's safe return;
- ❒ There exists a long-standing pattern of abandonment or extreme parental disinterest;
- ❒ There is a projected long-term parental incapacity to care for the child due to mental or emotional illness, mental retardation, or physical incapacity;
- ❒ There is a drug- or alcohol-related incapacity or unwillingness to care for the child, with a history of repeated, unsuccessful treatment efforts;
- ❒ There has been prior abuse or neglect of a sibling or other children in the household with diligent but unsuccessful agency efforts to rehabilitate the parent;
- ❒ Neglect or abuse was so extreme that returning the child home presents an unacceptable risk;
- ❒ As a result of prior abuse or neglect, the child has developed a deep aversion or pathological fear of the parent; and
- ❒ The parent is sentenced to prolonged imprisonment and will be unavailable during an extended period of the child's minority.

In cases where parents have failed to improve despite agency services, the statute should set a realistic time frame before termination is ordered.

While no state statute incorporates all essential grounds, many address a number of these issues. We will focus on those grounds related to substance abuse and mental incapacity of the parent. Good substance abuse termination grounds, according to Hardin and Lancour (1996), will include:

- ❒ Provisions for both drug and alcohol abuse;
- ❒ Specific reference to the nature of abuse warranting termination (i.e., severe, chronic abuse);
- ❒ Consideration of whether parental drug and alcohol abuse is affecting child safety; and
- ❒ Recognition that past unsuccessful rehabilitation efforts are sufficient for early termination.

They emphasize that the statute should include a separate ground related to substance abuse, which clearly states that substance abuse alone (when chronic and severe) is sufficient to terminate parental rights. Iowa has such a separate ground and incorporates many of the factors identified by Hardin and Lancour (1996):

- ❒ The child has been adjudicated [to have been abused or neglected] and custody has been transferred from the child's parents for placement [pursuant to state law].
- ❒ The parent has a severe, chronic substance abuse problem, and presents a danger to self and others as evidenced by prior acts.

- There is clear and convincing evidence that the parent's prognosis indicates that the child will not be able to be returned to the custody of the parent within a reasonable period of time considering the child's age and need for a permanent home.

Hardin and Lancour identify two problems with Iowa's substance abuse ground. First, the ground does not define what constitutes "clear and convincing evidence" of a negative prognosis. Early termination in a substance abuse case may be appropriate if the parent had extensive treatment before the child was placed. It would be helpful to make this explicit. Second, they contend that the language "presents a danger to self and others" is unclear and restrictive. Given these flaws, the authors offer two suggestions for strengthening Iowa's ground:

- The statute should clearly state that sufficient prior treatment efforts by other agencies or programs may excuse the child welfare agency from providing further substance abuse treatment.
- In place of the requirement that the parent be a "danger to self or others," the statute should state that: "The parent has a severe and chronic substance abuse problem, due to which the parent would be likely to abuse or neglect the child if the child were returned home."

A good statute should also include a separate ground allowing termination based on a parent's long-term incapacity to care for the child due to a mental or emotional illness, mental retardation, or physical incapacity. Hardin and Lancour (1996) highlight Ohio's law:

The severe and chronic mental illness, severe and chronic emotional illness, severe mental retardation, severe physical disability, or chemical dependency of the parent make the parent unable to provide an adequate permanent home for the child at the present time and in the foreseeable future.

This statutory language is strong, they argue, because it identifies specific conditions and clarifies that they must be severe, chronic, and unlikely to be resolved "in the foreseeable future." Although the language is somewhat vague, it allows the judge to determine whether the child can be safely returned home in a reasonable time period. Language in other Ohio grounds specifically requires "diligent efforts by the agency to assist the parents to remedy the problem." Because this language is absent from the grounds for mental incapacity, early termination would be possible if a number of conditions were met. As with substance abuse, it would be necessary to prove a history of unsuccessful treatment by another agency for early termination. However, early termination may also be possible in rare cases where the parties involved agree that the parent's condition is untreatable.

California recently enacted legislation further clarifying reasonable efforts standards. The new provisions are both specific and clear:

- A child may be adjudged a dependent of the court if the child's parent or guardian "caused" rather than "has been convicted of causing" the death of another child through abuse or neglect.
- Additional circumstances under which the court need not order family reunification services include:
  - the child was willfully abandoned by his or her parent or guardian and the court finds that the abandonment would have resulted in serious harm to the child;
  - the child's siblings or half-siblings were removed from the parent or guardian, reunification efforts failed, and the court ordered a permanent plan of adoption, guardianship, or long-term foster care for the siblings or half-siblings;

Early termination in a substance abuse case may be appropriate if the parent had extensive treatment before the child was placed.

Cooperative adoption benefits both the child and the biological parent.

- ❒ the parent or guardian has been convicted of a violent felony; and
- ❒ the parent or guardian has a history of extensive abuse and chronic use of drugs or alcohol and has resisted prior treatment for this problem.

❒ The placement of a minor in a preadoptive home or with a family that is eligible to adopt, in and of itself, shall not be deemed a failure to provide or offer reasonable services (Los Angeles County Department of Children and Family Services, Legislative Summary).

This final provision supports concurrent planning, which we will discuss more in the next section.

In addition to strengthening grounds for involuntary termination, states have also enacted laws to encourage voluntary relinquishment of parental rights. For example, Indiana's cooperative adoption statute permits the courts to recognize certain situations where a complete severing of the parent-child relationship is not in the child's best interest. If the biological parent consents to adoption or voluntarily relinquishes the child, the court may grant post-adoption visitation privileges.* The adoptive parents must consent to visitation, and the court must determine that there is a significant emotional attachment between the child and the birth parent.

* It is important to note that federal eligibility rules for Title IV-E adoption assistance require a judicial determination that a child cannot or should not be returned home [42 U.S.C. § 673(c)(1)]. A termination of parental rights meets this requirement; a voluntary relinquishment usually does not. It is essential, therefore, that child welfare judges and legal staff add such language to an adoption petition to ensure that children remain eligible for important adoption assistance benefits. Alternatively, the court may make a determination within six months of voluntary relinquishment that the child's well-being would have been harmed if the child had remained in his or her biological parents' custody [42 U.S.C. § 672 (a)(1), 673(a)(2)(ii), and 673(a)(2)(B)(ii)].

Cooperative adoption benefits both the child and the biological parent. Given the opportunity to continue a relationship with their children, many parents are willing to voluntarily relinquish their rights, preventing damaging delays for their child. Caseworkers should, however, warn consenting biological parents that the adoption cannot be revoked if the adoptive parents fail to comply with the post-adoption visitation agreement. Indiana law has addressed this issue by allowing biological parents to file a petition to compel an adoptive parent to comply.

In addition to encouraging voluntary relinquishment, cooperative adoption also provides the child with a permanent, stable home, while preserving a relationship with his or her birth family. Given how attached many children (particularly older children) are to their birth parents and siblings, this continuity can be beneficial to their development and well-being.

We have presented several statutory reforms; there are certainly other models not included in our discussion. While statutory reform is a necessary first step, it cannot ensure timely permanence for children in foster care without changes in other areas. For example, cooperative or open adoption statutes combined with effective mediation practice have helped children achieve permanence much more quickly. A number of states, such as Oregon, Illinois, and Idaho, offer mediation as an alternative to court-contested termination of parental rights. Other practice and management reforms are also necessary to support statutory changes. Altering court and agency procedures, and educating lawyers and social workers about current child welfare law are just a few examples. We will address these issues in the sections on Program Management and Structure, and Program Operations.

PROGRAM MANAGEMENT AND STRUCTURE

Effective agency management is a vital component of a well-functioning child welfare system. Management includes articulating the mission of the agency, organizing and staffing services, and defining and measuring outcomes by which to evaluate agency performance. Without improvements in management, policy and practice changes have little chance of success. In this section, we discuss the need to conduct early risk assessments, collaborate with other system providers, increase cultural competence, and define and measure outcomes.

System Barriers:
Systems fail to assess family problems early in a case and to provide and monitor targeted services to meet their unique needs.

Proposed Solution:
Reunification models that stress early assessment and planning prevent reunification disruption or delays in reunification or release of a child for adoption.

Many systems fail to conduct early assessments that allow them to determine the likelihood of reunification in each case and to target services appropriately. Too often, agencies use a one-size-fits-all approach to service delivery. Assuming that all clients' needs can be addressed in the same manner, they prescribe the same level of service over the same time period for clients with dramatically different problems and prospects for improvement. Inadequate or delayed assessment and treatment planning contribute to long stays for children in several ways:

- ❒ children returned home too quickly or before sufficient help was provided to the family sometimes reenter care;
- ❒ children who could be returned home experience delays when their families are improperly assessed or not provided sufficient supports, or when help is not provided when it would be most effective; and
- ❒ children unlikely to be reunified with their birth families linger in care as agencies struggle to meet the reasonable efforts standard for termination of parental rights.

Most children placed in out-of-home care return to their families. In 1990, 66.6 percent of the children who left foster care were reunited with their families or placed with relatives (U.S. House of Representatives, 1994). Yet large numbers of children reunited with their biological families return to the system. Findings from the Multistate Foster Care Archive indicate that rates of reentry among children who have returned home typically have ranged from 18 to 28 percent in the five states under study (Goerge et al., 1996). Overall, roughly 20 percent of the placement records in the archive pertain to children who have reentered care.

Results from a pilot project conducted in Indiana from 1989-1991 revealed that a number of system barriers contributed to reunification disruption (Hess et al., 1992). In 67.7 percent of cases, poor assessment or decision making by the caseworker or service provider contributed to disruption. Inappropriate or inadequate case management services were a factor in 79 percent of cases, and inadequate referrals to appropriate services in 51.6 percent.

Long stays in care caused by system failures have damaging developmental effects on children.

In addition to contributing to reentry into care, poor assessment and case planning also cause delays in reunification for children who should be returned home. With proper supports – housing, education, job training, parenting support or skills, and respite – some families could be reunited more quickly. While limited community resources and supports prevent many families from receiving the help they need in a timely manner, inaccurate or delayed assessment of a family's strengths and needs also slows reunification.

To address these barriers, Warsh et al. (1996) developed an assessment tool – *Reconnecting Families: A Guide to Strengthening Family Reunification Services* – to help child welfare agencies conduct what they call the Family Reunification Project. The project is designed to help agencies comprehensively assess the policies, programs, practices, and resources in place to help reunify children in foster care with their families. Completion of the assessment provides agencies with a picture of the strengths and weaknesses of their family reunification service delivery systems as well as a plan for improving those systems.

The Guide has such sections as:

- ❒ Overview of Family Reunification
- ❒ Carrying Out the Family Reunification Project
- ❒ Framework for Assessment of Strengths and Needs
- ❒ Annotated Bibliography
- ❒ Resources
- ❒ Selected Bibliography on Family Reunification After Foster Care (Warsh et al., 1996)

The Connecticut Department of Children and Families (DCF) agreed to field test the assessment tool. As a result, DCF staff developed 65 recommendations for improving family reunification service delivery. Additional benefits from use of the guide include:

- ❒ intense staff focus on the needs of children and families separated by placement and a renewed belief in the importance of family;
- ❒ empowerment of staff members to evaluate and improve the service delivery system;
- ❒ exposure to a model for planning change that can be applied to other components of the service delivery system; and
- ❒ improved response to the requirements of new federal legislation in regard to the provision of family preservation and support services (Warsh et al., 1996).

In addition to enhancing the likelihood of safe and stable reunification, improved assessment and case planning will also benefit children who are unlikely to return to their birth families. Typically, this includes those children whose families have complex problems such as drug or alcohol addictions or mental illness. Children can remain in care for years as systems struggle to provide effective services to resolve these issues and improve the parenting capacity within the family. Long stays in care caused by system failures have damaging developmental effects on children. The longer they stay, the more difficult it becomes for them to attach and the more likely they are to develop emotional and behavioral problems. Subsequently, through no fault of their own, children become harder to place for adoption if parental rights are eventually terminated.

Inadequate assessment and treatment planning create delays for a number of reasons. For the reasonable efforts standard to be met, caseworkers need to identify the family's problems and show that clear and appropriate treatment services were provided. When caseworkers fail to properly assess the needs in a case and to tailor the treatment plan accordingly, they are unlikely to meet the reasonable efforts standard. As a result, children remain in limbo, sometimes another year or two, until appropriate services for the family have been provided.

In addition to poor assessment, a number of agencies do not require the development of an alternative plan for children at risk of not returning home. Unfortunately, many child welfare professionals fear that the presence of a back-up plan – a potentially permanent foster or relative family – will be viewed by judges as an attempt to undermine reunification efforts. Many also believe that foster parents hoping to adopt will not support reunification efforts with the child's biological parents. But if parental rights are terminated without such an alternative plan in place, the child is likely to wait another two to three years for an adoptive home and to experience multiple moves.

A number of studies have shown that early case planning, written contracting with clients, intensified casework with parents, and frequent parental visits help move children through the system more quickly (Katz, 1990). Additional research indicates that legal-risk or foster-adoption programs – those that place a child into a foster home with the plan for adoption – provide continuity and stability for children in care and shorten their lengths of stay (Mica & Vosler, 1990). While previously dismissed by the child welfare community, legal-risk adoption is now more widely accepted.

By integrating these methods, Lutheran Social Services of Washington (LSS) and Idaho developed an extremely effective permanency planning model called concurrent planning. The purpose of this approach is to work toward family reunification, while at the same time developing an alternative permanent plan. Focusing on children under the age of eight, the program emphasizes small caseloads, staff teamwork with group supervision, specially trained caretakers, open adoption options, and private attorney representation to overcome legal delays. Because separate administrative divisions for foster care and adoption create barriers, delays, and turf issues, LSS combined adoption and foster ıre into one permanency unit.

In the 90 days following the foster care placement, the agency attempts to accomplish these tasks:

- ❒ Conduct a differential diagnosis to distinguish truly untreatable families from those with potential strengths to build on; identify the central problem.
- ❒ Search for relatives and determine Native American or minority heritage.
- ❒ Place the child in a family able to commit until case resolution and beyond.
- ❒ Plan frequent and lengthy visits with the biological parents.
- ❒ Inform parents of the concurrent plan and of their options – work intensively toward reunion, relinquish to current caretakers with an open adoption, or abdicate decision making to the court.
- ❒ Implement the case plan by providing intensive outreach services addressing the central problem.

Early identification of children unlikely to return to their biological parents is a critical first step in concurrent planning. Accurately assessing the prospects of family reunification, however, is tremendously difficult. Katz and Robinson developed a risk assessment matrix to help caseworkers identify families who, due to the severity of their conditions, are unlikely to be reunified (see matrix in Appendix C). The matrix identifies different categories of family conditions and describes the services appropriate for families with those conditions. Rather than releasing agencies from their responsibility to serve families with complex problems, the matrix enables caseworkers to more accurately identify those families and to provide intensive, targeted services.

Throughout this process, caseworkers consult with attorneys in the design and implementation of the case plan. The agency must ensure that outreach and services are provided and that time limits are met.

Early identification of children unlikely to return to their biological parents is a critical first step in concurrent planning.

When implementing concurrent planning, agencies should emphasize that the primary goal is strengthening and preserving families.

Workers and attorneys meticulously document all aspects of the case to prove that the necessary steps have been taken. At six months, LSS workers evaluate the status of the case to determine future action. If the parents visit the child regularly, take full advantage of rehabilitative services, and make meaningful progress, their child will be returned home. If they do not, caseworkers will pursue the alternative plan.

LSS defines program success as permanent placement of the child – either family reunification, kinship care, or adoption. The average length of stay, from intake to reunification or termination of parental rights, is nine months, and 92 percent of children in the program have only one placement while in care. Roughly 14.5 percent of the children return to their birth families (Katz, 1996). Eighty-five percent are adopted by their foster parents; in 57 percent of those cases parental rights are voluntarily relinquished and in 43 percent parental rights are terminated.

When implementing concurrent planning, agencies should emphasize that the primary goal is strengthening and preserving families. The approach is not meant to undermine parents, nor does it prejudge the case outcome. On the contrary, by providing parents with thorough information and appropriate services, concurrent planning empowers them to make choices. It fulfills the reasonable efforts mandate of P.L. 96-272 without threatening the safety of children. By developing targeted case plans and setting reasonable deadlines, the program makes timely permanence for children a reality.

Many children placed in out-of-home care are successfully reunited with their birth families. Others, however, linger in care for too long – both those who are likely to be reunified and those who are not. Still others are returned home but eventually reenter care, an extremely traumatic experience for a youngster. Timely and thorough assessment and case planning are necessary to return children safely to their birth families and to move those children who are unlikely to be reunified into permanent adoptive homes as quickly as possible.

System Barrier:
Substance abuse treatment resources are limited and fragmented.

Proposed Solution:
Increased collaboration among treatment providers and family-focused programs have decreased delays in achieving permanence.

Most state statutes require that child welfare agencies make reasonable efforts to resolve family problems and return children to their homes. This requirement is far more difficult to meet when treatment resources are limited or poorly coordinated. Even if well-drafted termination statutes exist and good assessment and case planning are conducted early, the lack of available services and fragmentation make it challenging to treat a family in crisis and thus to achieve permanence for a child. Currently, the children most seriously affected by this barrier are those whose families have substance addictions or other chronic problems. These children linger in care for months or years, while their parents remain on long waiting lists or struggle to overcome serious addictions to drugs or alcohol.

Due to the dramatic increase in the number of children placed as a result of neglect and parental drug abuse in the last 10 years, the significance of this barrier continues to grow. Child welfare agencies are being stretched to the breaking point. Alcohol and drug abuse are factors in the placement of more than 75 percent of the children who enter care (GAO, 1994). From 1986 to 1991, the proportion of young children entering care who were estimated to be prenatally exposed to cocaine increased from 17 to 55 percent (GAO, 1994). At the same time, however, federal and state allocations for family treatment and

support services declined. Although more services are available now, still less than one percent of federal anti-drug money is targeted toward drug treatment for women and even less toward pregnant and parenting women (Azzi-Lessing & Olsen, 1996). As a result, the availability of substance abuse treatment resources in no way meets the demand.

Another obstacle to families affected by substance abuse is that they require services from two very different practice fields, with distinct goals, philosophies, and legal mandates. Child welfare agencies focus on providing intensive services and reunifying children with their families as soon as possible. Parental substance abuse, however, is not quickly or easily cured. Many parents who do find available services and overcome their addictions relapse (Azzi-Lessing & Olsen, 1996). Given these conflicting realities, substance-abusing parents whose children are in the custody of the child welfare system are often under great pressure to conquer their addiction in an unrealistic time frame.

Substance abuse treatment providers do not always respond favorably to these pressures. Concerned primarily about their client, some providers are unwilling to work closely with child welfare workers due to their belief that the substance abusing parent needs to focus exclusively on recovery rather than family preservation. In turn, while child welfare workers value the importance of preserving and treating the whole family, many are not properly trained to recognize or treat chemical dependency.

To address these complex issues, child welfare systems need more resources and better coordination with substance abuse treatment services. In Section 5, we discussed the notion that greater flexibility of IV-E and IV-B resources should be promoted at both the federal and state level to increase the availability of critically needed services. In addition, child welfare and substance abuse treatment staff should improve their communications and their understanding of one another's disciplines.

One new model focuses on training to increase critically needed substance abuse treatment services. In 1993, the Sacramento County Department of Health and Human Services initiated the Alcohol and Other Drug Treatment Initiative. The Initiative, funded by the Annie E. Casey Foundation, is designed to increase the availability of treatment and reduce waiting lists by training social workers, public health nurses, eligibility workers, and neighborhood-based service staff to provide treatment services to substance abusing clients. Three levels of training are provided; staff may participate in one, two, or all three levels depending upon job duties and responsibilities. The focus of training includes:

Level 1

- ❒ overview of chemical dependency
- ❒ beginning to intermediate level information
- ❒ introduction to assessment and treatment

Level 2

- ❒ advanced level information
- ❒ assessment and treatment skill building
- ❒ Substance Abuse Subtle Screening Inventory certification

Level 3

- ❒ special topics
- ❒ delivery of group services

Since 1994 over 500 staff, who primarily provide health and social services to children and families, have participated in training.

Other models focus on collaboration between substance abuse service providers and child welfare workers. Project Connect, a community-based program in Rhode Island, successfully implemented such a collaborative

While child welfare workers value the importance of preserving and treating the whole family, many are not properly trained to recognize or treat chemical dependency.

The shortage of substance abuse treatment facilities that allow children to remain with their parents clearly affects family preservation.

service model to reduce the risk of child maltreatment and preserve families affected by substance abuse. The state department of child welfare, a private nonprofit agency, a school of social work, and a number of substance abuse treatment and health care agencies joined to achieve this goal. Through the project, families were assessed and provided with such services as home-based substance abuse assessment and counseling, individual and family counseling, parent education, pediatric nursing services, and linkages to formal substance abuse treatment programs and other community resources. Although the average length of service provision was 10 months, some families required long-term involvement (Olsen, 1995).

In addition, a committee met monthly to address the problems of inter-agency coordination and to initiate improvements in the service providers' responses to families struggling with chemical dependence. As a result of the project, state child welfare policy was developed to encourage collaboration with substance abuse treatment providers, and the state's funding mechanisms were changed to decrease delays in initiating substance abuse treatment.

Many project participants experienced pronounced improvements in their housing, mental health, child care skills, and substance abuse, all of which decreased risks for the children. Sixty-two percent of project participants made gains in addressing their problems with substance abuse. Although children in the project were placed in foster care at roughly the same rate as those in a comparison group, more project children were reunified, and they were reunified in a much shorter period of time. The level at which parents participated in the project affected their success – 83 percent of the children whose parents were actively involved in their case plan remained at home after the project ceased work with the family (Olsen, 1995).

The Cuyahoga County Department of Children and Family Services – a ***Family to Family*** site – is also developing a collaborative approach. The START (Sobriety Treatment and Recovery Teams) program attempts to integrate both drug and alcohol recovery and family-centered principles and practices. A team of providers – a social worker, an advocate, drug treatment providers, health care providers, housing providers, the extended family, and the client's informal support system – are responsible for working with the substance abuse addicted mother to provide a safe environment for her children and to help her get off drugs. Teams are assigned a maximum of fifteen families and are responsible for ongoing services and monitoring. The overall goal is to create a net of support for the substance abusing parent.

While training, increased coordination among service providers, and home-based services can improve outcomes for some parents affected by substance abuse, others need a more structured environment. Many must enter residential treatment programs, thus requiring that their children be placed in alternative care. The shortage of substance abuse treatment facilities that allow children to remain with their parents clearly affects family preservation. A number of communities have recently begun experimenting with innovative approaches to providing services to both women and their children.

Barth examined a number of such programs. One, Project DEMAND in Minneapolis, allows substance abusing parents and their children to live in supervised apartments across the street from a treatment program. They also have access to day care and other services during treatment. A New Life in Philadelphia places children and substance abusing women in the homes of mentors when institutional placements are unavailable. The mothers remain connected to their children while they receive treatment. Barth concludes that while this type of program has advantages, it is too early to

tell if they will be as effective at treating the substance abuse as more formal programs (Barth, 1994).

Child welfare agencies will fare better in their struggle to manage the endless stream of children entering the system as a result of parental substance abuse if they are able to use resources more flexibly and form partnerships with substance abuse treatment providers. As they join together to treat families affected by substance abuse, these providers also need to honestly confront the effects of race and class on family outcomes. Because alcohol and drug addictions vary widely in both their severity and in their effects on children, risks to children and family strengths need to be assessed comprehensively. In addition, risk assessments and services should be culturally competent. We will discuss obstacles for families and children of color in more detail in the next section.

System Barrier:
Families and children of color receive fewer and inferior child welfare services, contributing to poorer outcomes and extended lengths of stay.

Proposed Solution:
An increase in the number of staff who reflect the population served, collaboration with community-based agencies, and cultural competency training for child welfare workers have helped systems provide more effective services for families of color.

As discussed earlier, children of color are dramatically over-represented in care and have longer stays. Over 60 percent of children in placement are children of color, more than twice their proportion of the nation's child population, and African American children outstay others by 32 percent (Goerge et al., 1994). Studies also show that children of color and their families experience poorer outcomes and receive fewer and inferior child welfare services compared to their Caucasian counterparts (Courtney et al., 1996).

Courtney et al. present findings from a number of studies on the relationship between race and child welfare outcomes. Many of these studies indicate that child and family outcomes are more closely related to their economic and social well-being than to their race or ethnicity. While poor outcomes for families and children of color may partly be a function of poverty and isolation – factors beyond the child welfare agency's control – those outcomes are also affected by poor child welfare service delivery. The studies examined by Courtney et al. (1996) reveal the following inequities:

- A greater proportion of African American children were served in the public sector than in the private sector, and Caucasian parents received more social service support.
- One-third of children studied who had a family available for visiting had no plan for regular family contact, with African American and Latino children being the least likely to have such plans.
- Latino adolescents were more likely to be considered behaviorally disturbed than were other adolescents, and Latino children were much more likely to be placed in group homes than were other children.
- Children of color had fewer visits with their families, fewer services overall, and less contact with child welfare staff members than did Caucasian children.
- Eighty percent of a representative sample of African American children in out-of-home care in five major U.S. cities had no record of a developmental or psychological assessment in their files, yet were classified as "healthy" in three out of four cases.
- The probability of being adopted was 10.8 percent higher for a Caucasian child than for an African American, Latino, or

Risk assessments and services should be culturally competent.

other child with the same number of years in care who was also free for adoption.

Although the discussion of the interplay between race and child welfare is difficult and complex, it cannot be avoided given these disturbing discoveries. For child welfare agencies to provide effective services to the thousands of children of color in care, they need to explore and address the reasons why current services are lacking.

While child welfare agencies in major urban areas serve primarily families and children of color, studies show that the majority of workers and supervisors are Caucasians who have received little training in service provision to families of color (Courtney et al., 1996). This cultural divide brings more children of color into care and extends their lengths of stay. For example, a recent study showed that despite the fact that African American and white women had similar rates of substance abuse during pregnancy, African American women were reported to legal authorities at 10 times the rate of white women (Azzi-Lessing & Olsen, 1996). In addition, culturally biased risk assessments result in a number of children of color inappropriately assessed as at-risk and removed from their homes. Agencies have only recently begun considering cultural differences in developing and implementing new risk assessment models (Schene, 1996).

Another clear inequity in service provision is that fewer children of color are placed for adoption.

But as the studies discussed above indicate, the disparity does not end there. Even those children appropriately removed from the home are not always adequately served by the system. In part, this is due to unresolved issues related to kinship care. As discussed earlier, because systems have not established clear policies about payment and supports for kin, many relative providers do not receive adequate services. Because many African American children are placed in kinship foster homes, they are thus more likely to receive fewer services. Solutions to this problem are discussed in detail in the section on Public Policy.

Another clear inequity in service provision is that fewer children of color are placed for adoption. This is due in part to the fact that fewer kinship providers are inclined to adopt their related children. In addition, informal adoption is much more common in the African American community, where, due to the legacy of slavery, the implication that they are buying a child can be difficult to overcome (Molock, 1995). Institutional barriers, however, also prevent or discourage families of color seeking to adopt. Child welfare agencies' definitions of what constitutes a suitable family for a child are often at odds with the circumstances of many African Americans. Respondents to a 1991 survey conducted by the North American Council on Adoptable Children indicated that fees, inflexible standards, lack of minority staff, and poor recruitment techniques were significant barriers to minority adoptions (Gilles & Kroll, 1991).

Child welfare agencies are struggling to address many of these issues. Some argue that increasing the number of agency staff who reflect the population served and providing cultural competency training for workers will improve services for families and children of color. Common sense supports the notion that outcomes would improve if clients of color could communicate and interact with someone of the same race or similar cultural background. It is also sensible that agencies would benefit by designing culturally appropriate services for clients of color. While there is evidence to support these approaches, their effectiveness has not been extensively evaluated (Logan et al., 1990).

There is more empirical evidence to support the efficacy of collaboration with community-based agencies. Both California and Michigan have provided grants to or contracted with private adoption agencies focused on finding culturally appropriate homes for children of color. Organizations

like the Institute for Black Parenting in Los Angeles and Homes for Black Children in Detroit have had tremendous success. Representatives from these specialized agencies attribute this success to their location within and connection to the African American community.

In addition to successful outreach, these organizations provide more accessible and responsive services. Staff work nights and weekends; home studies are designed to be educational, not interrogational; and response times are much shorter. Staff respond to inquiries within two days and complete home studies in a timely manner. For example, the Institute for Black Parenting completes a home study in four to five months, in contrast to a year to a year and a half for Los Angeles County. In addition, these agencies do not charge fees for their services or impose narrow eligibility requirements based on home ownership, age, fertility, or income. As a result of these non-traditional methods, as well as financial support from their state agencies, both organizations have successfully placed hundreds of African American children.

These examples show that community-owned, culturally sensitive practice dramatically improves outcomes for children of color. While cultural competency training and incorporating staff of color at every level of the system are necessary and laudable goals, public agencies should also consider partnering with community-based organizations that possess a specialized expertise in serving families of color. In addition to improving outcomes for children and families, these partnerships can also result in stronger relationships between public agencies and communities of color.

System Barrier:
A consensus about which outcomes a system is attempting to achieve does not exist and good outcome data on children are not tracked.

Proposed Solution:
Agencies that have agreed on what they are trying to accomplish and have implemented good information management systems to collect data know if their programs and policies are effective and thus are able to serve families and children better.

Much has been written about the dearth of outcome information for children in the child welfare system. Many in the field contend this problem exists for two reasons. First, child welfare professionals have a hard time agreeing on exactly which outcomes they are attempting to achieve. Second, many state agencies have only recently begun to develop management information systems capable of generating meaningful information. Lack of agreement on outcomes and poor data collection make it impossible to answer fundamental questions about child welfare system functioning and to target resources effectively.

This barrier affects both current and future clients of the child welfare system. Without agreement on what the outcomes in each case should be, caseworkers cannot determine whether they have improved conditions for the families and children in their care. In the absence of good, longitudinal data on what happens to those they serve, agency leaders are unable to judge the effectiveness of their programs and to target services to better meet the needs of future clients.

Before they can evaluate programs, agencies must identify outcomes – what do they realistically expect to accomplish? Agreement about what the agency expects of itself and of its clients is crucial to determining whether expectations have been met. If one administrator believes the preferred outcome is to place children who cannot return home in stable environments, while another thinks the ultimate goal is to place those children in legally permanent families, the agency will have a hard time determining if it has succeeded.

Community-owned, culturally sensitive practice dramatically improves outcomes for children of color.

A consensus about which outcomes a system is attempting to achieve does not exist and good outcome data on children are not tracked.

Once they have reached consensus on which outcomes they wish to achieve, agencies should use accurate, timely, and relevant data to evaluate their performance. Existing management information systems, however, have a number of limitations. According to Usher et al., the most significant obstacle to assessing outcomes for families and children has been the difficulty of tracking their experience over time (Usher et al., 1995). The vast majority of state and local child welfare agencies use point-in-time or cross-sectional data – the experiences of children in care on a given day – to describe children in out-of-home care and their experiences while in agency custody. While point-in-time data are essential for daily caseload management, problems arise when the characteristics and experiences of children in care on any given day are deemed to be representative of all the children served by a child welfare agency (***Family to Family*** Evaluation Team, 1996). Such assumptions prohibit agencies from understanding the diversity of their child welfare populations and targeting their resources toward the children and families in greatest need.

To address these barriers, agencies need to identify desired outcomes, establish indicators by which they will measure those outcomes, and collect and analyze both cross-sectional and longitudinal data to complete their evaluations. Most researchers distinguish between two types of outcomes: agency performance – compliance with standards related to agency structure and process; and client outcomes – what happens to the people served. Gustafson and Allen (1994) refer to these two categories as performance standards and "preferred client pathways." Performance standards are guidelines defining the agency's expectations of itself. Preferred client pathways refer to the progress clients can reasonably be expected to make toward improved conditions or circumstances.

Gustafson and Allen use the terminology "preferred client pathways" to capture the reality that caseworkers can define the most advantageous outcomes for a client, but cannot control external factors such as physical or psychological problems, incarceration, or job loss. They argue that administrators must follow several steps in determining preferred client pathways:

- ❒ Set impact measures at the program rather than the individual client level;
- ❒ Define measures that are objective rather than judgmental; and
- ❒ Establish outcome goals and objectives in relative rather than absolute terms – for example, improvement over an established baseline level.

Courtney and Collins suggest an alternative method for dealing with this issue. Researchers, they explain, should create risk-adjusted measures of child welfare outcomes. These measures provide explicit recognition that outcomes are a function of both the quality of an agency's services and the characteristics of those receiving services. Adjustment for risk increases the likelihood that differences in outcomes between jurisdictions or over time represent true differences in system functioning rather than differences in client characteristics (Courtney & Collins, 1994).

Agencies should also establish indicators by which service delivery and client outcomes will be tracked and measured. Gustafson and Allen provide examples of indicators for agency performance. To determine whether work follows prescribed procedures, they propose, agencies should observe how long it takes to develop case plans and review all cases exceeding established time limits. Agencies should also ensure that caseworkers follow other standard service protocols such as ensuring biological parent and child visits and providing children in care with work experience and education.

Courtney and Collins (1994) identify indicators that will allow agencies to evaluate outcomes for children in the child welfare system:

- ❒ Rate of reported/substantiated child abuse and neglect in the overall child population;
- ❒ Rate of reported/substantiated child abuse or neglect in active protective services cases;
- ❒ Rate of reported/substantiated child abuse or neglect in formerly active protective services cases;
- ❒ Out-of-home care placement rate for children with families who received family preservation services;
- ❒ Rate of reunification of children in care with their families over time;
- ❒ Rate of children in care achieving other permanent placements (e.g., long-term foster care with relative, guardianship, adoption) over time;
- ❒ Rate of substantiated repeat abuse and neglect over time for children returned home or in other permanent placement;
- ❒ Measures of placement stability for children in care (e.g., number of placement changes per each year in care);
- ❒ Rates of abuse, neglect, injury, and death of children in permanent placement;
- ❒ Rates of unsuccessful discharge from permanent placement (e.g., runaway from placement with refusal to return, incarceration);
- ❒ Truancy rate of children in care;
- ❒ Pregnancy rate of adolescents in care; and
- ❒ Housing, employment, financial, and education achievement status of youths in care at exit from long-term out-of-home care.

Once agreement upon outcomes and indicators has been reached, agencies need to collect data that will enable administrators, researchers, and policy makers to determine whether desired outcomes have been achieved. According to Courtney and Collins, access to reliable data that would enable states to measure the elementary indicators listed above would be a major breakthrough. Nevertheless, they contend, such information should be the minimum requirement of management information systems (MIS). The child welfare MIS of the future should reflect the following principles:

- ❒ Data systems should allow program managers and researchers to assess outcomes over the entire system rather than just one service area.
- ❒ Information systems should be user-friendly and give priority to the needs of caseworkers, their supervisors, and administrators.
- ❒ Data systems should strive to collect a much wider range of information about child welfare clients and services, including assessments of family functioning, psychological evaluations of children, and characteristics of service providers (Courtney & Collins, 1994).

Child welfare legislation requires states to collect comprehensive data on children in the child welfare system. In 1993, the federal government published long-awaited regulations establishing the Adoption and Foster Care Analysis and Reporting System (AFCARS). Under this legislation, states are required to modify existing child welfare information systems to collect adoption and foster care data consistent with defined standards. The new data, reported semiannually from all states, will enable federal and state policy makers to analyze reasons why children are in out-of-home care and to develop strategies to prevent placement and shorten lengths of stay. The target date for full AFCARS implementation is December 1998.

In addition, 1993 legislation provided enhanced federal funding for the creation

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The experiences of Family to Family participants offer hope that widespread improvements in information management will significantly contribute to better outcomes for children and families.

of Statewide Automated Child Welfare Information Systems (SACWIS). The scope of SACWIS is broader than that of AFCARS. To qualify for funding, states must create statewide information systems, operating uniformly on a single system. Child welfare data systems are required to interface with AFDC, child support, medicaid, and child abuse and neglect. It is encouraged that systems also interface with others, such as vital statistics, court systems, and juvenile justice, making it easier to draw conclusions about overall system functioning.

The Oklahoma KIDS system was the first statewide child welfare data system to meet the SACWIS guidelines. In phase I of implementation, completed in June 1995, Oklahoma produced a statewide child welfare management information system. In addition, federal interfaces meeting both AFCARS and NCANDS (National Child Abuse and Neglect Data System) requirements were included. In June 1996, Oklahoma completed phase II, which included the design, development, and implementation of a series of enhancements. The following enhancements both allow program managers to assess outcomes over the entire system and ease workloads for child welfare workers:

- Eligibility, Child Support, and Financial Management Interface Enhancements – these enhancements allow child welfare workers to interface with the entitlement, child support, and financial management systems. KIDS will reduce workload by automatically generating documents and forms required by these other divisions.
- Program Management Reporting – using information identified by program supervisors and department managers, KIDS produces monthly reports to assist in tracking and meeting specific quality assessment goals for each program area.
- Enhanced Case Management Features – based on input from line staff, supervisors, and directors, 70 on-line reports are created monthly to help caseworkers evaluate their work. Among other things, these reports supply information on the number of cases and the number of clients and identify bottlenecks in the system.
- Court Processing – reports to the District Attorney and the Court Report are available through KIDS. In addition, ticklers related to court activities have been added to the system.
- Other Interfaces – KIDS allows child welfare workers to connect to other data systems including the Juvenile On-Line Tracking System, the Oklahoma Commission for Children and Youth, department entitlement programs, and out-of-state day care. NCANDS report allegations processing and summary reports for the AFCARS and NCANDS data extracts are also accessible.

In addition to the data collection required by legislative mandate, Oklahoma added indicators to its system based on recommendations from line staff, supervisors, and directors. Oklahoma contracted with Deloitte & Touch, a national consulting firm, to manage the initial design, development, implementation, and training. The system is networked to over 1,100 users who were trained in such subjects as change management, overcoming resistance to change, keyboard skills, PC literacy/Microsoft Windows, Microsoft Word, and the KIDS application. As consultant involvement has diminished over time, department staff have successfully assumed responsibility for operating KIDS.

As Courtney and Collins recommend, Oklahoma incorporated AFCARS into a comprehensive SACWIS system. The system makes valuable information easily accessible to line workers and allows managers to track and assess progress toward outcomes.

Currently, all but seven states are at various stages of developing and implementing SACWIS systems, but it is too early to determine how these systems will affect outcomes.

The experiences of ***Family to Family*** participants, however, illustrate the value of good data collection and analysis to any state's reform efforts. Due to the limited value of cross-sectional data, grantees were required to create longitudinal data files to track the placement experiences of all children who initially entered care during a multi-year baseline period. In addition to producing accurate estimates of the length of stay, analyses of these files have afforded unique insights concerning patterns of initial placements, the probability and patterns of movements from one placement to another, the probability of reunification, and the probability of re-entering care following reunification or placement in some other permanent arrangement (Usher et al., 1994).

Analysis of this cohort data has been instrumental to ***Family to Family*** states and communities in planning reforms. For example, when states began the planning phase, they expected to set goals such as reducing the length of stay from an average of 36 to 24 months. After compiling longitudinal data for each state, however, it became apparent that issues related to length of stay were much more complex. While the issue for some children concerned lengths of stay beyond one or two years, for many more it was how to avoid placement entirely or how to reduce lengths of stay from 6-12 months to 3-6 months (Usher et al., 1994).

This example illustrates that without reliable data, states cannot possibly meet the diverse needs of families and children. Making faulty assumptions about outcomes for children in care will lead reformers, even those with the best of intentions, down the wrong path. The experiences of ***Family to Family*** participants offer hope that widespread improvements in information management will significantly contribute to better outcomes for children and families.

PROGRAM OPERATIONS

To prevent long stays in care, public policy and management reforms should enable caseworkers and foster and adoptive families to thrive in their work. Internal policies are necessary to guide frontline workers making critical decisions such as which services to provide over what period of time and who to involve in decision making. In addition, caseworkers and foster and adoptive families need ongoing training and support to maintain quality service provision. In this section, we discuss the need to recruit and support a pool of foster parents, to ensure that a child placed in foster care can remain in his or her own neighborhood when appropriate, to include family and community in decision making, and to improve agency-court relations and court processes.

System Barrier:
Family foster care placement resources are extremely limited.

Proposed Solution:
Agencies that effectively recruit a pool of foster parents and provide them with support and financial incentives ensure more stable placements and more permanent families for children.

Over the past few years, child welfare agencies have reported a dire shortage of family foster homes. Agencies are struggling to recruit new families for the children pouring into the system, while fighting to retain the foster parents they have. While the number of children in foster care increased 61 percent, from 276,000 in 1985 to 468,000 in 1994, the number of licensed family homes dropped 45 percent from 276,000 to 125,000 (Barbell, 1996). The foster parents who are recruited do not stay long -- 40 percent of them leave in their first licensed year (Barbell, 1996). At the same time, foster homes are licensed for fewer children today than they were prior to 1985. Thus agencies need even more family foster resources to care for the same number of children, making the shortage seem even more profound.

A recent CWLA survey (Barbell, 1996) showed that the decrease in family foster homes can be attributed in large part to the difficulty in retaining foster families. First, foster parent retention is affected by the characteristics and needs of today's foster children. As discussed earlier, due to the increasing severity of abuse and neglect, children have more and greater needs than ever before. Parental alcohol and drug abuse is a factor in many more placements. Fifty-eight percent of children in foster care have serious health problems, and 30 percent have severe emotional, behavioral, and developmental problems. It is clear that the system fails to adequately prepare foster parents to care for these vulnerable children -- the survey showed that 51 percent of family foster parents left fostering due to a child's special care needs or similar factors.

Second, the survey also indicated that these challenges are compounded by insufficient support from child welfare workers. Sixty-one percent of foster parents said they left due to agency related problems – poor communication with the foster care worker, insensitivity of the agency to foster family needs, and lack of supports such as respite care, mentors, day care, and training.

Third, 22 percent of foster parents reported economics as their reason for leaving fostering. For many, fostering children can create financial hardship. The 1991 USDA estimate for raising a child at a moderate level was $475 a month, and the estimated annual expenditure on a child in 1993 in a middle-income, two parent family was $572 a month. Yet, the average foster care rate in 1994 was $329, ranging from $588 in Alaska to $161 in West Virginia. Foster care maintenance rates typically fall below the true cost of providing routine care for a child; foster parents must make up the difference. Contrary to common misconceptions, studies show that only 7.2 percent of parents foster as a way to increase their families' income.

In addition to an overall decrease in the number of family foster homes, there is also a shortage of foster parents with the appropriate characteristics and the willingness to foster children with certain needs. While 61 percent of the children in care are children of color, the majority of foster parents are Caucasian. Many families are unwilling to foster sibling groups, emotionally disturbed teens, or medically fragile infants. These groups, however, comprise a significant percent of the children who currently need care. As a result, roughly 35 percent of licensed foster families have no children placed with them (DHHS, 1994).

This "mismatch" between families and children in the system coupled with the overall decrease in family foster homes leaves many children without developmentally appropriate placement options. In the absence of an adequate supply of family foster homes, younger children are being placed in group homes and institutional care. For example, a California study of placement trends showed that 18 percent of foster children whose first placement was a group home were under one year of age when they entered foster care (Barth et al., 1994). In Philadelphia, a comparison of placement patterns for children who initially entered out-of-home care in 1994 with those who entered in 1992 or 1990 indicated increased reliance on institutions as initial placements for children age one to 11 (***Family to Family*** Evaluation Team, 1996). Early placement in group settings can adversely affect a child's chances of reunification. A study of children placed in group homes, youth correctional facilities, and institutions found significant barriers to reuniting parents and children including geographic distance, lack of community-based programs, and obstacles to family involvement (Petr & Entriken, 1995).

According to Barth et al., initial placement in group care also hinders a child's chances of adoption. The data, they contend, suggest that increased efforts to place young children in family foster care will increase the likelihood of adoption for these children (Barth et al., 1994). Not only do children placed in a family setting adapt more easily to their new adoptive homes, but studies show that foster homes are a primary adoptive resource (Meezan & Shireman, 1982). More than 60 percent of adoptions are by foster parents (Barth, 1992). Studies also show that foster family adoptions disrupt less frequently than new adoptions (Barth & Berry, 1988).

Drawing on the findings of a number of studies, a 1989 GAO report summarized critical elements of the most successful recruitment and retention efforts. The recommendations listed below highlight the need for child welfare agencies to view foster parents as a bridge connecting the agency, biological parents, and the community.

- ❒ Ensure that recruitment is community-based, using foster parents as recruiters and involving community institutions;
- ❒ Establish teamwork among foster parents, biological parents, children, and the agency;
- ❒ Ensure that foster parents are treated with dignity and respect as full members of the team;

Simon and Simon found that trained foster parents were 50 percent less likely to drop out than those who received no training.

- ❒ Make reimbursement rates commensurate with the true costs of child care;
- ❒ Provide respite care;
- ❒ Provide liability insurance;
- ❒ Improve the training of caseworkers and make them more accessible; and
- ❒ Provide more training resources for foster parents (Pasztor & Wynne, 1995).

Other studies have found that training and support are critical factors in retaining foster parents and reducing placement disruption. Chamberlain et al. discovered that foster parents receiving enhanced training and support and increased stipends were less likely to drop out than parents receiving only increased stipends (Pasztor & Wynne, 1995). Simon and Simon found that trained foster parents were 50 percent less likely to drop out than those who received no training (Gillespie et al., 1995). Other studies show that the amount of contact, rapport building, and energy expended by the caseworker with the foster parents was strongly associated with placement success (Gillespie et al., 1995).

Many of these principles are at the core of the Annie E. Casey Foundation's ***Family to Family*** Initiative. Cuyahoga County, one of two pilot sites in Ohio participating in ***Family to Family***, has made notable changes in family foster care services. Recognizing the precious value of foster families, one of the county's primary goals was to improve recruitment and create a seamless continuum of support for foster parents.

The county sought to improve recruitment by emphasizing the importance of the first phone call. Recruiters attend to every call from a prospective foster parent, answering all questions and helping callers determine their readiness to foster. Information packets are sent to parents within 24 hours of their call and home visits are conducted within 3 to 5 days. Through pre-service training recruitment staff maintain relationships with prospective parents.

Aggressive foster parent recruitment has enabled the county to increase family foster homes 45 percent since 1992, decrease the number of children in congregate care 55 percent, and eliminate the existence of boarder babies – abandoned newborns awaiting placement.

In addition to recruiting new foster parents, the county also changed the way foster families are trained and supported. With the goal of building bridges between foster and birth parents, foster children and birth parents attend training for new recruits. Veteran foster parents often lead trainings, emphasizing to trainees that birth parents are not "bad" people – they are people with serious problems who have hurt their children through poor decisions. Foster and birth parents are encouraged to discuss their feelings about the impending placement and to work together in whatever way feels comfortable.

Foster families are treated as part of the child protection/family support team and provided with information about the child and birth parents. In addition, the agency:

- ❒ Provides a $100 stipend to foster parents who recruit other foster parents;
- ❒ Initiates monthly contact with foster parents to advocate, solve problems, or share additional information;
- ❒ Produces a bi-monthly newsletter updating foster parents on events, training, and changes in policy and procedure;
- ❒ Convenes neighborhood-based, special issue cluster support groups, facilitated by foster parents, to offer education, training, and support to caregivers;
- ❒ Offers an "add on board rate" to foster parents to assist them in meeting a child's special needs; and

- Provides financial support for day care to working foster parents.

While in 1992 there was a net decrease of a hundred agency foster homes, in the last three years the number of foster homes has increased by nearly 170. Successful programs like Cuyahoga County's build on the strengths of communities and recognize the need to support foster parents. According to Gordon Evans of the National Foster Parent Association, "The truth is, reducing attrition may well be the greatest contribution to maintaining a needed foster home population." All of the findings discussed above underscore the need for child welfare agencies to encourage and respond to feedback from foster parents. Too many agencies want to launch into recruitment before they have a system in place to appropriately license, train, and support foster parents. New recruitment methods, while valuable, will yield little benefit in the absence of improved retention efforts.

System Barrier:
Children are often placed in foster homes far from their neighborhoods and communities, hindering their chances of finding permanency.

Proposed Solution:
Placing children in the same community with their birth parents, siblings, and extended families makes it easier to reunify families or achieve an alternative permanent placement.

> Public Law 96-272 mandates that:
>
> ...each child has a case plan designed to achieve placement in the least restrictive (most family like) setting available and in close proximity to the parents home...

Too often, however, children needing out-of-home care are placed far from their parents, neighborhoods, and communities. In many cases, either a child's proximity to his or her family is not considered an important placement criteria, or the number of available foster homes located in the child's neighborhood or community is limited.

Placing children far from home results in a series of disruptions. Already traumatized by being wrenched from their parents, these children may also be separated from siblings and extended family. Changing schools is often necessary, forcing children in the midst of chaos to get acquainted with new friends and teachers. Parents find it far more difficult to visit children placed far away, which does little to preserve the parent-child bond. Foster parents, often supplied with scant information about the reason for placement or the birth families, may do little to support the parent-child relationship, leaving children torn and confused.

A number of studies confirm that out-of-home care experiences that facilitate visitation produce better outcomes for children than others. For example, research shows that more contact between children in care and their birth families is associated with greater feelings of closeness and identification with birth families (Zimmerman, 1982; Festinger, 1983). Additional studies indicate that parental visiting is a strong predictor of both reunification and shorter lengths of stay (Fanshel & Shinn, 1978; Mech, 1985; and Benedict & White, 1991). A survey of 95 children living in foster care in Cook County, Illinois revealed interesting observations about their out-of-home care experiences. Although the children's perceptions were generally positive, they had much to say about the trauma associated with removal from their homes. Their suggested changes included increasing information and contact among children, birth parents, foster parents, and caseworkers. They thought all involved should be better informed about the circumstances of the child's past, present, and

Children are often placed in foster homes far from their neighborhoods and communities, hindering their chances of finding permanency.

future life, and the circumstances that led to the child's placement (Johnson et al., 1995).

Permanency planning specialists have also become increasingly aware of the importance of community supports for children and families. According to Wulczyn (1994):

> Whereas permanency planning now reflects a desire to keep children and families together that is motivated by our understanding of child development, the community dimension of permanency planning acknowledges the fact that communities are an essential source of esteem for families, especially for adults in the midst of raising children. If parents need supportive services to develop or sustain the capacity to nurture children, then communities that offer this support reinforce the value of family stability among their residents.

Neighborhood foster care, designed to provide care and protection for children within their own communities, can address many of these needs. This approach ensures both that children are placed within their neighborhoods and that supports for their birth and foster families are anchored within the community. Neighborhood care is also built on the belief that, in most cases, the foster parents' role is to support the entire family rather than take the place of birth parents.

Furthermore, by promoting connections between birth and foster families, neighborhood foster care contributes to permanency planning. The following insights of a former foster child reveal the difference this approach can make:

> Sometimes things get so scary for kids that you have to go somewhere else until it's safe to go home. Me and my brother were more scared about going to foster care than we were about getting a beating. We were happy when we found out we could keep going to the same school. Best of all, our Mom and Dad came to see us at our foster parents' and they got to be friends. We still spend the night there once in awhile when Mom and Dad need a break. I knew all along that Mom and Dad loved us, they just didn't always know how to show it. I think our foster parents knew that too.

The community dimension of permanency planning acknowledges the fact that communities are an essential source of esteem for families.

Even if reunification proves impossible for some parents, the children still maintain ties with their extended family and community. These ties help to alleviate their confusion about where their parents are and why they aren't coming back. In addition, their birth and foster parents, extended family, and community can assist in developing an alternative permanent plan.

The experiences of two organizations illustrate the value of neighborhood foster care. Perhaps the oldest and best known is Brooklyn's Center for Family Life in Sunset Park. While the mission of the Center is oriented toward family preservation, the organization also works to ensure that children who must be temporarily removed from their homes remain in the neighborhood. Continuity in their schooling, friendships, relationships with relatives and birth parents has proven extremely beneficial for children who must be placed outside their home.

According to Sisters Mary Paul and Geraldine, the Center's founders, neighborhood foster care is more than just the match of a birth and foster family in the same neighborhood. This innovative service design also connects the child and parents with the primary resources of the community – health, income supports, employment, education, and churches. As a result, in addition to reducing the trauma of separation for a child, the program helps to sustain the family both during and after the placement period.

As discussed in the previous section, Cuyahoga County – one of two Ohio ***Family to Family*** sites – has dramatically improved overall foster parent recruitment and reten-

tion. The county has also been working hard to diversify the pool of foster parents recruited and ensure that more children are placed within their neighborhoods.

Caseworkers now base their operations in neighborhood centers to learn more about the neighborhood and its resources. There are seven neighborhood foster care sites, each with a board comprised of key leaders from the community. This community-based approach allows workers to provide support services to at-risk children and families and, if the child must be placed outside the home, to recruit foster parents within the child's neighborhood. With innovative strategies such as door-to-door canvassing; booths in grocery stores, churches, laundromats, neighborhood centers, and schools; and "foster ware parties" in the homes of current foster parents, there has been a net increase of 169 agency foster homes between 1993 and 1996.

In addition to providing continuity for children in care, this new effort has energized neighborhood centers. Community residents feel a renewed commitment to services for children in foster care and their families. Centers are now developing a range of services including after-school and weekend programs, and respite care for foster families.

These examples show that not only does neighborhood foster care provide stability for children and support permanency planning, it can also renew the spirit of a community and increase family stability over the long-term. As one foster parent in Savannah, Georgia so eloquently summed up the spirit of ***Family to Family***:

> It's a whole new project. Because it gets everybody in the neighborhood involved. And it's not gonna be just the social workers doing it. It's not gonna be ***Family to Family*** workers doing it. Hopefully, it's gonna be neighbors doing it, working with the ***Family to Family***, and that's the way anything is going to have to happen. Everybody's gonna have to get involved.

System Barrier:
Systems frequently do not include family and community in decision making.

Proposed Solution:
Systems that respectfully involve the child's extended family and community in decision making have been successful in locating appropriate placements and reducing the child's time in care.

As discussed previously, although the number of children in care has escalated, the number of foster families recruited and retained has declined dramatically. As a result, too many young children are being placed in group or institutional care. While some child welfare systems have increased their reliance on extended family to care for children in foster care, others are reluctant to include extended family members in caring for or making decisions on behalf of these children. Many agencies perceive extended family members as the cause of the dysfunctional parent's problems and thus are leery of involving them. Others are simply concerned about conceding decision-making authority to individuals with no professional training.

This barrier affects all families and children. If extended families are not empowered to care for their relative children, the likelihood of continued system involvement with the family remains great. Increased reliance on the child welfare system has a number of drawbacks. If protective services take over, such intervention can undermine the ability of family members to make decisions based on their distinct experiences and cultures. Solutions imposed by child welfare agencies may not reflect the families' needs or aspirations. In addition, as child abuse and neglect rates grow, the continued reliance on agencies places increased strain on already limited organizational resources.

New Zealand developed an innovative approach to address these issues. In 1989, New Zealand enacted the Children, Young Persons, and Their Families Act, requiring child

Solutions imposed by child welfare agencies may not reflect the families' needs or aspirations.

Organizations must accept that the target for change – the family – is also the primary agent of that change.

welfare agencies to refer every substantiated child abuse and neglect case to a family group conference. The conference, which includes extended family members and selected close family friends, allows the family to play a prominent role in making and implementing decisions on behalf of children.

Family conferences are convened by a care and protection coordinator. This individual is assigned to cases where investigators have determined a child needs care and protection. The coordinator informs parents and other family members about the conference and urges them to attend. Professionals working with the child, such as the social worker, teachers, psychologists, and the attorney, are also encouraged to attend.

There are three stages to a family conference. First, the care and protection coordinator, the social worker, and other professionals explain the case to the family and invite questions. Then, the entire extended family meets privately to determine whether the child has been abused and neglected and, if so, how the child should be protected. The family then presents its decision and discusses it with the social worker and the care and protection coordinator. While it seldom occurs, the parents, custodians, social workers, and care and protection coordinators have the right to veto the family's decision. In such cases, the court resolves the disagreement.

Once a plan is agreed upon, all involved parties are promptly notified. Financial support or community services are provided to the biological parents – or another family caregiver if the child must be removed from the home. The family group conference determines how and when it will review the case. If the situation is not resolved after several conferences, the matter is decided by the court.

The number of New Zealand children in foster care has been sharply reduced since the enactment of the 1989 law. While 7,000 children were in foster and institutional care in 1979, that figure had dropped to 2,654 by 1993 (Hardin et al., 1996). The use of family group conferences also significantly decreased the number of transracial placements (Hardin et al., 1996). There are no statistics on recidivism rates.

Due to distinct laws and social work philosophies, New Zealand's model must be modified somewhat for implementation in the United States. In addition, several aspects of the model can be refined and strengthened. Elizabeth Cole, in a publication released by the American Bar Association's Center on Children and the Law (Hardin et al., 1996), identified a number of issues U.S. child welfare agencies should consider when implementing the family group conference model. (See Appendix D for a checklist of issues in establishing family group conferences.)

According to Cole, organizations must first recognize that this approach requires a radical shift in the way most child welfare agencies have perceived and worked with families. A deeply held commitment to family empowerment is at the core of the family group conference model. Organizations must accept that the target for change – the family – is also the primary agent of that change.

In addition to a shift in philosophy, policies need to be in place that address such questions as:

- ❒ Who will convene the conference?
- ❒ At what point in the continuum of child welfare services will the conference be used (e.g., child protection, family preservation, reunification, etc.)?
- ❒ Who will be eligible for the family conference?
- ❒ When will meetings be held (e.g., how long after the initial investigation, what days of the week, what time of day)?
- ❒ Who will pay for accommodations and travel for family members?
- ❒ What services will be provided to the family?

A major issue to be addressed is how cases will be monitored after the family group conference. The weakest and most controversial aspect of New Zealand's model is the lack of systematic monitoring and review. Family and community are expected to advise the agency if there is a problem. Critics argue that reliance on extended family monitoring does not provide sufficient protection for children.

Cole suggests differentiating those cases needing extensive monitoring from those that do not. Some cases, such as those in which custody has been transferred, may require very little scrutiny. Others may need more oversight. High-risk cases may require multiple monitors such as friends, schools, and the family. Cole suggests that extended family members and others be trained to monitor a case and that community volunteers, like Court Appointed Special Advocates, oversee families and evaluate progress.

New Zealand's model has been implemented in Newfoundland, Canada and in communities in Oregon, Illinois, Michigan, and Kansas. The U.S. projects are new and have not yet been extensively evaluated. Canada, however, has completed an implementation report summary. Among other things, early findings indicate:

- ❒ Ongoing success requires that family group conferences be acknowledged in legislation.
- ❒ The model does not substitute for existing roles of mandated authority.
- ❒ The conference serves to build connections among community services and between them and government agencies and individual families.
- ❒ Families do not always want abused persons to live with their abusers, and many families are not taken in by the abuser's promises.
- ❒ The inclusion of extended family members may surface a greater number of options to choose from in terms of solving the problem in both the short and long range.
- ❒ The abuse may continue in cases where the child is not removed (Burford & Pennell, 1995).

While early outcomes indicate that the family group conference is not a panacea, the strategy does empower families to find creative, effective solutions to their problems. In addition, involving the extended family can prevent children from entering care and from being separated from their culture. Thoughtful implementation of the model is the key to success.

System Barrier:
Poor agency-court relations and inefficient court practices delay permanence.

Proposed Solution:
Genuine collaboration between social workers and court personnel and improved court practices have led to more timely permanence for children in care.

Like vague state statutes and a failure to provide targeted treatment for multi-problem families, court and agency practices delay permanence for children. For example, studies show that inadequate case preparation, poor communication between attorneys and caseworkers, and inefficient court practices slow termination of parental rights (NY DSS, 1991). As a result, children who cannot be safely reunited with their biological families remain in limbo far too long.

Caseworkers and attorneys are often reluctant to begin the termination process because of the significant amount of time needed to organize and prepare a case. Termination cases are often considered a lower priority for workers struggling to keep up with other deadlines. Caseworker and attorney confusion about their respective responsibilities is also a barrier to effective case preparation.

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Participants also indicated that training improved both attorney participation in child welfare cases and social worker preparation for court proceedings.

In addition to being confused about their responsibilities, social workers and attorneys can be hampered by a lack of communication. Many caseworkers express frustration at being unable to talk to an attorney when they have a legal question, need information on the status of a case, or want to clarify an attorney's request. Attorneys complain that they are given inadequate documentation and little time to prepare.

The court process itself adds to the delays. Once the termination petition is filed, a case may remain in litigation for a year or more before a final decision is made. Continuances and adjournments may be routinely granted. Courts may delay actions to terminate parental rights because of missing parents or because the rights of a non-marital father are at issue. In termination cases based on a parent's mental illness, delays are often caused by difficulties in obtaining court-ordered evaluations.

To address these issues, child welfare organizations have tried providing multidisciplinary training for social workers and attorneys, employing private legal counsel, and improving court procedures. One project, entitled Children Can't Wait, was designed by the Northwest Resource Center for Children, Youth, and Families to reduce delays in the termination of parental rights process by providing multidisciplinary training and by making system improvements.

The project sponsored seminars for attorneys and social workers in nine Pacific Northwest counties and provided follow-up consultation for each county. Participants reported that cross-training helped them discuss role division and their expectations of one another. Participants also indicated that training improved both attorney participation in child welfare cases and social worker preparation for court proceedings. In addition, by working together to identify the causes of delays and to develop action plans, participants were able to make changes in their local systems (Johnson & Cahn, 1995).

Other agencies have attempted to reduce delays by employing private legal counsel. The Michigan Agency Attorney Project, conducted by the Child Advocacy Law Clinic at the University of Michigan, addresses the issue of poor legal representation for child welfare agencies. In four Michigan counties, a private staff attorney represented DSS in half the child welfare cases filed during the project period while local county prosecutors continued to represent the agency in the other cases.

Again, interdisciplinary training was a crucial element of the project. In addition, the private attorney worked closely with the social worker on the case from day one. Throughout the case, the attorney advised the social worker about the legal requirements and implications of possible case decisions. In each case, however, the social worker made the ultimate decisions as to case goals. Emphasis was placed on the need for written case plans documenting the social worker's decision-making process from the beginning of every case.

Several important findings point to the success of this approach:

- There were consistently more court hearings in the cases with private attorneys. They refused to accept unnecessary continuances and used frequent hearings to keep the court involved with the case.
- The mean number of days children spent in foster care after a petition for termination was filed was significantly lower for private attorneys (247) – than for prosecutors (497).
- Social workers reported greater satisfaction with project attorneys than with local assistant prosecutors (Herring, 1996).

Organizations have also attempted to reduce delays by addressing both caseworker-attorney relations and inefficient court procedures. The New York Termination

Barriers Project, focused on two of New York's 58 counties, was initiated in 1989. After an extensive data collection and analysis effort, they developed a number of components to help identify children for adoption, enhance case preparation, and improve court procedures.

Agencies used permanency planning specialists and permanency planning committees to limit the time children remained in foster care before a decision was made to seek termination of parental rights. Each county hired a permanency planning specialist to review cases and evaluate the appropriateness and likelihood of termination. These individuals also helped caseworkers prepare cases and acted as liaisons between caseworkers and attorneys. Permanency planning committees reviewed cases of children in care over 16 months to assess the possibility of termination. The committee included attorneys who assessed the legal aspects of each case and were available for biweekly question-and-answer sessions with child welfare staff.

To enhance case preparation, the two counties developed caseworker-attorney protocols, termination checklists, diligent efforts formats, and missing parent checklists. A written protocol, dividing responsibilities for case preparation and setting time limits for each step, clarified attorney and caseworker tasks. Termination checklists, which summarized New York's legal requirements for termination, helped caseworkers quickly identify the viability of a termination action. The checklists also helped caseworkers organize a case and prepare the petition. In addition, a diligent efforts format allowed the agency to determine whether efforts had been sufficient to meet New York's legal requirements and to document those efforts to stand up in court. An additional checklist was developed to clarify and standardize the procedure for missing parents.

The project also addressed a number of court issues including disposition orders, review hearings, procedures for putative fathers, and pretrial conferences. While too lengthy to explore in detail, these modified court procedures clarified disposition orders, set strict timelines for decision making, simplified termination litigation, and clarified New York law for participants.

The Termination Barriers Project streamlined the procedures for identifying and initiating termination of parental rights actions in both counties. Two years before the project began, one county filed only 25 termination petitions per year; in the first year of the project, that number rose to 43. The average time for filing termination petitions – from caseworker referral to actual filing – dropped from six and a half months to two months. The average length of time from placement to termination for children whose parents abused drugs or alcohol was reduced from 4.9 to 2.8 years. The time children with missing or mentally ill parents spent in care was also substantially reduced. In addition, the project resulted in significant cost savings for both counties – a combined savings of $2.25 million (NY DSS, 1991).

The success of these projects shows that helping social workers and attorneys work together and understand each other's roles, while improving overall court functioning, can free children for adoption much more quickly.

CONCLUSION

Our analysis of the interplay between family characteristics and system barriers is intended to help child welfare leaders more easily identify the families that the system is failing to serve effectively. Many of our proposed solutions are practical strategies that have been successfully implemented in one community and can be adapted to the needs of others. Other solutions are new but early results bode well. As they move forward with their reform work, however, agencies should keep in mind that there is no panacea – no one simple solution to the problems facing child welfare systems. As H.L. Mencken once said, "For every complex problem, there is a solution which is simple, elegant, and wrong" (Balcerzak, 1989). Child welfare agencies should resist the urge to adopt the simple solution and challenge themselves to think through the complexities presented here.

Although we have presented our discussion in three contexts – public policy, management, and practice – effective reforms will require changes at more than one level. While enacting state policy on an issue may be a necessary first step, changes must also be made in the management and practice context. In concluding, we will review our discussion and highlight ways in which changes at different levels are necessary to reinforce one another.

Statutory reforms delineating clear permanency planning timelines, allowing for early termination of parental rights in specific cases, and encouraging voluntary relinquishment speed resolution for children unlikely to return to their birth parents. In the absence of early assessment and planning, however, clear statutes will be of little use. These strategies allow agencies to distinguish families likely to be preserved from those that are not and provide targeted, time-limited services.

Yet when treatment resources are limited and fragmented, the provision of services is difficult. Unfortunately, current federal funding streams make it easier to fund out-of-home care than family support or treatment services. Giving states leeway to experiment with alternative methods of funding and administering child welfare programs will help them provide reasonable, targeted services more quickly. In addition, increased collaboration among treatment providers would help to better serve families with multiple and chronic problems.

Designing alternative permanent plans for children unlikely to be reunified with their biological parents increases their chances for timely permanence as well. Without a pool of foster-adoptive parents, however, fewer family homes will be available for children. Agencies that provide foster and foster-adoptive parents with additional supports and financial incentives expand the supply of stable placements.

In addition to recruiting and supporting new foster parents, agencies can involve extended family in caring for and making decisions on behalf of children. Early involvement can prevent children from entering state care and provide stable family placements for those who must. Many states have increased the involvement of relatives through kinship care. But the role of these providers and the goal of kinship placements are unclear. Kin caregivers are often provided fewer services and supports and, understandably, are less likely to pursue termination of parental rights or adoption. Many children in kinship foster homes are placed in long-term foster care. While these placements

may be stable, relative caregivers require ongoing support. Policies are needed at the federal and state level to establish licensing and service standards and subsidized guardianship programs.

In addition to protecting and supporting children within their family and cultural network, services for children and families of color need to be improved in other ways. Improvements would result from developing culturally competent risk assessment models, incorporating staff of color at all levels, providing cultural competency training, and exploring collaboration with community-based agencies. Many children with long-term foster care as a case plan could find permanent homes through community-based adoptive parent recruitment.

Even with well-drafted statutes, good early assessment, service availability, concurrent planning, effective foster parent recruitment and retention, and cultural competence, the legal process can still break down. Poor agency-attorney relations and court practices delay permanence for children unlikely to return to their biological parents. Helping social workers and attorneys work together and understand each other's roles and improving overall court functioning can free children for adoption much more quickly.

Finally, services for children in care cannot be improved without the effective use of data management systems. Good data collection enables agencies to evaluate whether reform efforts have worked. Current initiatives such as ***Family to Family*** demonstrate that such capabilities can be developed and that analysis of existing data can help inform planning.

Reducing delays and ensuring permanence for every child in foster care involves changes throughout the entire child welfare system and coordination with every other system that serves vulnerable families and children. A clear understanding of the interplay between family characteristics and system barriers is critical. As the examples presented here illustrate, policy, management, and practice reforms reinforce one another. Only through a comprehensive approach to system change will agencies improve the lives of children and families in their care.

Only through a comprehensive approach to system change will agencies improve the lives of children and families in their care.

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APPENDICES

Appendix A

Focus Group Results

RESULTS FROM PRACTITIONERS'/PARENTS' MEETING – FEBRUARY 11-12, 1996

Top five barriers identified by the combined parents'/workers' group:

1. There is a lack of skilled staff. As a group, social workers are commonly troubled by burnout, high turnover, lack of training, and feelings of powerlessness.

2. Agencies inadequately recruit and retain foster and adoptive parents. Agencies do not always take advantage of opportunities to streamline the home study process and fast track experienced adoptive and foster parents for special needs/school-age children.

3. There are legal system delays. Some attorneys and judges do not value social workers' opinions. Some social workers do not make reasonable reunification efforts, and kids suffer trauma while waiting.

4. Families have a lack of support services. Families who adopt special needs children have a strong need for adequate support services. Unfortunately, many face a shortage of available adoption/foster care support groups, few post-placement service options, subsidy problems, a lack of emergency/after hours contacts, and power struggles with workers during placement.

5. There are basic structural issues. Varied agency and system bureaucracies often lead to miscommunication and inconsistent practices that in turn slow the process.

Worker-identified barriers:

1. Social worker turnover means casework has to start over every one year to 18 months.
2. Because of vacancies, cases are not covered.
3. There is not enough staff to make assessment to get families services.
4. There is no transportation to services.
5. Agencies have little ability to assess families and fill their needs.
6. Worker qualifications are too rigid (requirements for BSW or MSW).
7. Agencies experience high turnover due to lack of support and too much work.
8. There is a strong belief in reunification work even at 18 months or more.
9. Attorneys are provided for biological parents.
10. With abandoned children, who do you serve?
11. The legal staff is overworked.
12. The legal staff won't take TPR cases unless they think they can win.
13. The judge may not grant TPR if there is no adoptive family resource identified.
14. Judges continue cases because adequate services were not provided.
15. Service plans are not implemented because of high caseloads.
16. Services are not provided early.
17. Evaluations are not done due to limited resources. Agencies have to use Medicaid provider.
18. Psychological evaluations are voluntary by parents, but are required by the case plan within 30 days.
19. Children's needs are not identified early.
20. Children are too often moved based only on their treatment needs.
21. Legally free kids tend to be in therapeutic foster homes.
22. Cases are often put on the back burner.
23. Potential foster parent conversion equals safe placement, but paper work gets delayed and two to three years later the foster family may change its mind.
24. Treatment workers don't have training on how to do adoptions.
25. We don't reach closure on possible foster-adoption conversions.
26. There are no adoptive family resources for freed kids.
27. Kids are not prepared for TPR or adoption when they are still visiting the biological family.
28. We don't actively seek relatives for placement.

(cont'd)

29. After TPR, cases are not transferred to adoption unit because they need to be cleaned up.
30. ICWA may cause delays because the relevant issues are not raised at intake.
31. There is a lack of support from management when a worker recommends TPR.
32. There is a shortage of adoptive homes and foster homes for difficult children.
33. There is a bias toward couples.
34. Agencies fail to analyze the total support system of adoptive families.
35. Some potential adoptive families need ongoing support that is not available.
36. We don't retain potential families due to delays.
37. Recruited and oriented families cannot receive training.
38. There is no child-specific statewide recruitment publication.
39. There are no adoptive parent groups or liaisons.
40. There are limited resources for targeted recruitment.
41. Permanent legal guardians are not eligible for Title IV-E.
42. There is worker bias against paying relatives to care for relatives.

Top solutions identified by the combined parents'/workers' group:

1. Address common worker problems. Budget for adequate worker training and retention, empower workers, streamline levels of supervision, and ask administrators to walk the walk for one day.
2. Improve recruitment, retention, and placement services. Include parents in the treatment team, mandate burnout prevention procedures, empower parents, and devise a dispute mediation process.
3. Invest in front-end services. Offer voluntary, community-centered preventive services for high-risk families. Court order treatment for birth parents and initiate team-oriented family reunification services within 10 days after a child enters care.
4. Furnish family preservation services for foster and adoptive families. Design services to address issues such as behavior management, crisis management, subsidy, respite care, training, and referral.
5. Establish consistency among adoption procedures and practices. Work toward common standards for access to information, procedures, payment systems, and rules for line workers, parents, and administrators. Facilitate better communication among parents, workers, and attorneys.
6. Provide viable permanency options for all children in the system. Provide access to permanence options such as kinship care, subsidized guardianship, and open adoption for all children in the system, whether or not they are deemed "adoptable."

Workers' solutions:

1. Provide long-term (six-month) family reunification services.
2. Establish consistency in procedures across state.
3. Involve treatment workers at adjudication.
4. Create family preservation units for foster and adoptive families.
5. Budget for workers' training and retention.
6. Court order treatment plan within 10 days.
7. Help social workers view foster parents as having valuable input/insight.
8. Define rules and educate judges.
9. Have supervisors provide workers with all information/rules in timely fashion.
10. Hire more recruiters.
11. Provide worker training; involve workers in planning for July institute.
12. Retain workers.
13. Focus on recruitment, retention, and placement; at local level use worker/parent teams.
14. Provide front-end services; listen to recommendations; build input structure.
15. Create new family preservation unit for foster and adoptive parents; develop parent support groups; identify experienced adoptive parent liaisons.
16. Subsidize an adoption task force of parents, workers, administrators, and accountants.
17. Reduce paperwork.
18. Improve communications; answer, "Who are the kids? Who are the families?"

Parents' solutions:

1. Increase parent retention and recruitment. Privatize training and make it culturally competent. Speed placement; get home studies done quickly and support parents.
2. Do long-range planning; invest up front and save administrative costs and prison funding in the end. Have staff avoid political footballs.
3. Use a team concept to find permanence for kids; include parents, workers, attorneys, legal staff, and investigators on the team. Give caseworkers the power to move kids from intake through treatment.
4. Actively recruit kin; set up guardianships with services and provide them foster care payments or adoption assistance.
5. Build trust between parents and workers. Build coalitions for positive change. See foster and adoptive parents as resources; don't throw them aside. Value parents for their diverse skills, use them to educate or mentor new parents. Empower parents to use advocacy skills.
6. Standardize the foster and adoption process by using technology (computers).
7. Streamline departments – there are too many layers, too many supervisors.
8. Provide effective post-placement, pre-finalization, and post-adoption services, including adoptive family preservation, behavior management, crisis management, subsidy/respite care, training, and pre-TPR mediation.
9. Understand unfair allegations; set a process for all involved parties and family.
10. Use volunteer support to expand services. Have adoptive parents call back TV recruitment responders, train potential adopters, provide respite care, organize post-adoption support groups, and set up a buddy system.

Casey and state leaders' comments:

1. Agencies should set regular monthly meetings where information is shared and the agenda addresses broader issues.

2. Maryland brought together ***Family to Family*** sites' frontline workers and parents, and managers listened.

3. CWLA will evaluate Maryland (S.O.C. – individual reviews).

4. Ohio systematically asks five districts to discuss reasons kids get stuck; holds an annual statewide conference; shares information with the five districts; asks ***Family to Family*** sites to share their experiences; and makes recommendations based on work with state and selected county administrators (managers, trainers, administrators).

5. Pennsylvania has the S.W.A.N. program.

6. Agencies need to analyze the process to date and make recommendations on the best ways to move forward. We must identify principles of best practice and develop ways to institutionalize them.

7. Alabama has looked at barriers to good decisionmaking, including decentralizing and devolving adoption; they have identified the need to systematically connect with adoptive and foster parents.

8. Agencies need social worker "respite." We must help organizations find time to get input from staff while ensuring staff also benefit from the interaction.

9. Supervisors must do meaningful training: make site visits; say "thank you" for jobs well done; give regular feedback on ideas and recommendations to workers and parents; and hold focus groups (ensuring participation from supervisors).

Managers' barriers (from an earlier session):

1. The children in care 18 months and longer have special needs, extensive multiple placement histories, and multiple residential placement histories.
2. No treatment adoptive homes are available.
3. There are no residential substitute care programs for children with parents in treatment for substance abuse.
4. Social workers are not trained to do formal legal search and documentation.
5. There is a lack of staff time devoted to developing adoption resources.
6. Attorney conflicts cause court delays.

Managers' thoughts about what's working (earlier meeting):

1. Existing in-house staff recruit, train, and license foster and adoptive homes.
2. A central adoption unit screens and matches parents with children.
3. There are many foster parent conversions.
4. The state operates the "Adoption 500" project.
5. Project Legal Risk is successful.

Managers' solutions (earlier meeting):

1. Build communication (internally, externally, and throughout the organization); use language, translators, and bridges.
2. Provide training, assessment, and decisionmaking.
3. Ensure adequate supports.
4. Conduct child-specific recruitment and effective follow-up.
5. Look at caseload/workload size (case weight).

Researchers' Consensus on Characteristics of Children in Care Longer than 18 Months

ISSUE ONE: What does recent research tell us about the characteristics of the children who spend more than 18 months in care? Have there been changes in these characteristics in the past five years (e.g., are there more infants in this group than there used to be?) What do we know about the characteristics of the families whose children are staying longer in care? Do they have particular service needs which, if met, could help speed their children's return home? Are there particular sets of child and family characteristics which indicate early on in a case that special attention will be required to ensure permanence for these children?

1. Prior placement of this child or siblings
2. History of mental illness by caretaking parent
3. Long-term severe emotional and physical neglect of the child
4. Family lacks social support from neighbors, or relatives, or community at large
5. Chronic family violence
6. First child born when mother was a teenager
7. Chronic and severe substance abuse by caretaking parent
8. The children are placed in group care or in a paid relative placement
9. Family is isolated in an extremely deprived neighborhood with few strengths
10. When more of the factors listed above are present in a particular family, children are more likely to get stuck in care

NOTE: While most of the researchers agreed that children under the age of five are more likely to stay in care for extensive periods, many also believe that age serves as a proxy for one or more of the above characteristics. However, young age can also be used as a simple indicator of a child being at-risk for a long stay in care.

Several of the researchers also noted that children of color tend to stay in care longer. Again, many believe that race, like age, is a proxy for one or more of the above characteristics.

Researchers' Consensus on System Barriers

ISSUE TWO: What does recent research tell us about the characteristics of current child welfare systems which cause children to be in care without permanent families for more than 18 months? Which of these system characteristics appear most responsible for causing children to become backlogged in care?

1. Current funding incentive systems (e.g., Title IV-E) support children staying in care.
2. Outcome data are not tracked and a consensus about outcomes does not exist.
3. Agency culture does not support timely decision making.
4. Agency-court relations and court practices delay decisions.
5. Impermeable boundaries within the agency (e.g., family services-foster care adoption).
6. Lack of concurrent planning in cases of high risk for backlog.
7. The role of paid kinship care remains unresolved and leads to long stays in foster care.
8. Staff lack appropriate training, knowledge and skills.
9. Agency depends on ideology or mind-set to manage the system.
10. Lack of flexible resources to support permanent families (from day care, to adequate subsidies, to subsidized guardianship).

NOTE: The researchers agreed that workloads played a significant role in system delays but know of no solid research that has proven the relationship.

Researchers' Consensus on Successful System Responses

ISSUE THREE: What evidence is there of successful system efforts on the part of public and private agencies to speed either reunification, adoption, or legal guardianship? Which efforts seem to work best for which children and which families? Which reforms seem to have had the broadest impact for these children?

1. Innovative fiscal incentives which encourage permanence and discourage indefinite stays in foster care
2. Concurrent planning and mediation for relinquishment
3. Systems are in place which encourage outcome accountability
   - ❒ adequately trained staff
   - ❒ data of sufficient quality and nature
4. Consistent leadership which is both knowledgeable and committed
   - ❒ ability to secure resources (staff commitment, dollars, support from stakeholders, community support)
   - ❒ use data for decision making
5. Specialized expertise is brought to bear on the technical aspects of termination
6. Court practices support timely decision making; agency-court relations are functional
7. Family-child contact (including regular visits) is a high priority in agency practice
8. There is a team approach to the work within the agency; boundaries within the organization are few and permeable
9. Fiscal incentives exist to support flexible services for reunification and for adoption/legal guardianship
10. Child-specific recruitment is the norm
11. Involvement of family and community at all levels and at critical times

NOTE: The researchers also believe that the impact of the media on children backlogged in care is not being sufficiently attended to. When media attacks on the child protection aspects of the agency occur, frequently large numbers of new children enter care in the following weeks, months, and even years. Given the inelasticity of the current welfare system, these children will further clog that system and cause delays in permanence for all the children in care. Attention to the media by agency leadership, therefore, is believed to be an important aspect of system effectiveness.

RESULTS FROM PRACTITIONERS'/PARENTS' MEETING – MAY 31-JUNE 1, 1996

Practitioners' and Parents' Consensus on Characteristics of Children in Care Longer than 18 Months

ISSUE ONE: What does your experience tell us about the characteristics of the children who spend more than 18 months in care? What do we know about the characteristics of their families?

Practitioners and parents reviewed the findings of the research group and gave the following responses. Their feedback on the characteristics of families and children were based on personal and professional experiences.

1. Lack of support – Many parents of children in foster care lack a social support system and live in a neighborhood that lacks services.

2. Drug or alcohol abuse – Chronic and severe substance abuse by caretaking parents affects children through pre-natal exposure and ongoing neglect.

3. Poverty – Issues related to chronic poverty including homelessness, illiteracy, unemployment, etc., contribute to children's length of stay in foster care.

4. Prior placements – Many children had experienced previous episodes in foster care or had siblings previously placed in foster care.

5. Abuse, neglect, and violence – Children from families who manifest long-term, severe emotional and physical neglect, chronic family violence, or multigenerational problems, tend to stay in care longer.

6. Race – Participants believed that the race of the child was a significant factor in determining lengths of stay. Specifically, they argued that language, cultural, and class differences between service providers and clients contribute to inappropriate placements and longer stays.

NOTE: Although researchers presented data indicating that infants stay in care longer, parents and practitioners did not identify infants as particularly at risk of long stays. One participant did note that infants who come into the system should be a red flag for workers. Entry into the system at a very young age indicates a serious lack of social and community supports for the family.

While agreeing with the researchers that poverty in communities of color affects family functioning, this group argued that institutional racism also plays a significant role in long stays. They warned that by attributing the fact that children of color are over-represented in care solely to the characteristics of their families, agencies ignore the system barriers that contribute to lengths of stay for these children.

Practitioners' and Parents' Consensus on System Barriers

ISSUE TWO: What does your experience tell us about the characteristics of current child welfare systems that cause children to be in care for more than 18 months?

Practitioners and parents reviewed the findings of the research group and gave their own responses.

1. No services – Systems have no uniform diagnostic tools, no agreement on treatment protocols or prognosis, and no clear measure of outcomes. Agency philosophy and policies are not shared or embraced at all levels.

2. No concurrent planning – There is no concurrent planning process for children assessed as being at high risk of not returning home.

3. Court relations – Poor agency-court relations and court practices delay permanence. There is no organizational support for timely decision making.

4. Race – Language and cultural barriers between workers and families bring children into care unnecessarily and extend their length of stay.

5. Training – Staff lack appropriate training, knowledge, and skills, particularly in the area of cultural competence.

6. Data – Outcome data are not tracked and a consensus about outcomes does not exist.

7. Leadership – A lack of leadership or vision within the agency and a failure to develop a clear management structure hinder the provision of effective services for children and families.

NOTE: Although statistics indicate that children in kinship care placements remain in the system longer, participants noted that this is a complex issue. Some participants viewed kinship care as a form of permanence rather than as a barrier to permanence. However, questions were raised about consistency in kin care policy. Several individuals argued that subsidized guardianship statutes were needed in more states.

Practitioners' and Parents' Consensus on Successful System Response

ISSUE THREE: What evidence is there of successful system efforts on the part of public and private agencies to speed reunification, adoption, or legal guardianship?

Practitioners and parents first reviewed the feedback from the research group, and each participant was asked to identify one exemplary solution.

We grouped participants' responses into five categories – planning, financial incentives, extended family and community involvement, system integration, and management.

1. Planning – An effective system includes family mediation and concurrent planning to ensure use of family resources and to quickly identify and plan for those kids unlikely to return home. Family-child contact (regular visits) is a high priority and is a planned practice.

2. Financial incentives for success – The system provides preventive and support services to families, to prevent entry into care or to get kids back home, and commits adequate resources to do the job right. Services follow the child through the continuum of care. Flexible funding streams allow for more effective service delivery systems.

3. Extended family and community involvement – The system involves the child's extended family and community in decision making at all levels and at critical times. This includes family support and advocacy groups and community-based, specialized agencies. It treats foster parents with respect – they are part of a service team – and rewards them with appreciation and financial incentives. It supports the philosophy that parents may choose to voluntarily relinquish parental rights and uses a family strengths model. For children who cannot return home, the system uses culturally competent, child-specific recruitment.

4. System integration – Genuine collaboration between all parts of the system is mandated. Social workers and court personnel work together and court practices support timely decision making (e.g., model court improvement project and CASA). Specialized expertise is brought to bear on the technical aspects of termination of parental rights.

5. Management – The system demands outcome accountability and consistent leadership. It creates a stable, well-trained, diverse workforce with supervisors who have the support of management and are allowed to take risks. It provides staff recognition and team building opportunities to ensure good case management. The system recognizes and deals with racial, cultural, and class differences and develops policies to handle tough issues such as corporal punishment. The agency works to improve its public image and develops a strategy for responding to media crises.

Appendix B

Programs Featured

Adoptive Parent Recruitment:

Carol Biddle
Kinship Center
Partners in Placement
30 Ragsdale Dr., Suite 210
Monterey, CA 93940
(408) 649-3033; fax: (408) 649-4843

Sydney Duncan
Homes for Black Children
2340 Calvert
Detroit, MI 48206
(313) 869-2316

Zena Oglesby
Institute for Black Parenting
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Appendix C

Risk Assessment Matrix

(Excerpt from Linda Katz and Chris Robinson, "Foster Care Drift: A Risk Assessment Matrix," Child Welfare League of America, 1991)

Category I describes five conditions so serious that any one of them will make family reunification a very low probability. As a profession, we do not have the means to correct these kinds of parental deficiencies in the great majority of cases. With these families, while services must certainly be tried, concurrent planning that can lead to an alternative permanent plan should begin immediately.

Category II describes 16 conditions that are less extreme but are still strong contraindicators for family reunification. The more factors present, the more guarded the prognosis. A case in which two or more Category II conditions exist should receive the same decisive and goal-directed case planning as a case fitting one section in Category I. For example, a family in which the parents have drug or alcohol problems and have abandoned the child or do not voluntarily visit the child meets this threshold.

Category I
Conditions and Accepted Treatment Modalities

Conditions and Probable Results

Parental rights to another child have been terminated following a period of service delivery to the parents and no significant change has occurred in the interim.

Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred in the interim.

Parent has repeatedly and with premeditation harmed or tortured this child.

Parents' diagnosed severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy) has not responded to previously delivered mental health services. Parents' symptoms continue, rendering parents unable to protect and nurture child adequately, such that abuse, neglect or severe emotional maltreatment will occur.

Parents' only visible support system and only visible means of financial support is found in illegal drugs, prostitution and street life. Child will be abused or neglected by parents or parents' companions, or will be essentially abandoned in foster care while parents continue their illegal lifestyle.

Accepted Treatment Modalities

Depends on parental condition or deficiencies. Commonly recommended are psychological evaluation; counseling; drug treatment; anger management; parenting classes; therapeutic day care; life-skills program; parent interaction training; Parents Anonymous. Depends on parental condition or deficiencies. Commonly recommended are psychiatric hospitalization and subsequent aftercare for prolonged period; drug/alcohol inpatient treatment for 9-12 months with aftercare; Parents Anonymous. Treatment for non-offending parent.

Psychological evaluation; psychiatric hospitalization; sexual deviancy evaluation; anger management; drug/alcohol evaluation; random urinalyses.

Inpatient psychiatric hospitalization, medication and/or ECT treatment, followed by aftercare, sheltered living environment, and continued medication and monitoring, life-skills program.

Methadone program; inpatient drug/alcohol treatment for 6-9 months followed by halfway house living and aftercare for 6-9 months; ongoing outpatient counseling; AA or NA; job training; random urinalyses.

Category II
Conditions and Accepted Treatment Modalities

Conditions and Probable Results

There have been three or more CPS interventions for separate incidents, indicating a chronic pattern of abuse or severe neglect. Danger of repeated placements and unsuccessful parental rehabilitation due to chronicity of problems.

Other children have been placed in foster care or with relatives for periods of time over six months' duration or have had repeated placements with CPS intervention. If original causal factors are unchanged, pattern will be repeated with this child. Child's development will be impaired.

Parents are addicted to an illegal drug or to alcohol. High risk that addiction prevents reunifying family and leaves children in limbo of foster care indefinitely.

Parents have a diagnosis of chronic and debilitating mental illness: psychosis, schizophrenia; borderline personality disorder, sociopathy, or other illness that responds slowly or not at all to current treatment modalities. High risk of prolonged foster care for the child during which parents may resist or refuse mental health treatment.

This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child is placed in subsequent care, the parents do not visit on their own accord. High risk that parents will disappear or appear rarely, stalling service delivery and preventing child from moving to a permanent home.

Pattern of domestic violence between the spouses of one year or longer. Serious risk that the parents' dependent and volatile relationship will eclipse the needs of children on a long-term basis.

Parents have a recent history of criminal activity. Risk of long-term foster care while parent is incarcerated and no services can be provided.Child experienced physical or sexual abuse in infancy.Treatment may be so difficult and lengthy that child spends years in foster care.

Accepted Treatment Modalities

Psychological evaluation; drug/alcohol treatment as recommended; parenting class; anger management; homemaker services; home-based services; therapeutic day care; life-skills programs; parent interaction training; Parents Anonymous; parent aide.

Highly structured, time-limited placement and period of services. Psychological evaluation; drug/alcohol treatment as recommended; therapeutic day care; homemaker services; Parents Anonymous. Drug/alcohol evaluation; inpatient or intensive outpatient treatment; aftercare for a prolonged period; AA, NA, CA, methadone maintenance, or a combination of these as appropriate to the addiction; random urinalyses.

Psychological evaluation; outpatient psychotherapy; inpatient group therapy; inpatient group therapy; inpatient hospitalization; halfway house placement; ECT; self-help support groups.

Aggressive sustained outreach efforts to involve parents with the child and with services, and to press for parental decision-making regarding child's permanency at the earliest possible date, permission to relinquish. Psychiatric evaluation, and so forth, as appropriate to identify problems.

Psychological evaluations for both parents; individual psychotherapy; anger management groups; battered women's groups; shelters. Treatment for domestic violence must be given the same weight as treatment for other problems.

Depends on existence of other factors. Requires aggressive outreach, confrontation on child's needs; access to criminal records and prison counselor.

Psychological evaluation; sexual deviancy evaluation; anger management assessment; long-term treatment for diagnosed conditions. Even a successfully treated pedophile cannot parent without great risk of reoffending. Non-offending parent/spouse groups; treatment for non-offending parent.

Conditions and Probable Results

Parents grew up in foster care or group care, or in a family of intergenerational abuse. Unfamiliarity with normal family life can severely limit parents' ability to overcome other problems in their lives.

Parent is under the age of 16 with no parenting support systems and placement of the child and parent together has failed due to parent's behavior. High risk that parent's immaturity will interfere with successful treatment for other problems.

CPS preventive measures have failed to keep the child with parent home based services: visiting public health nurse; Homebuilders; therapeutic day care, and so forth.

Parents have asked to relinquish their child on more than one occasion following initial intervention. Risk of child suffering repeated placements until parent is allowed to relinquish.

Mother abused drugs/alcohol during pregnancy, disregarding medical advice to the contrary. High probability of continued drug abuse preventing reunification of the family. No services can be useful until the mother is sober.

Lack of prenatal care for other than financial reasons. Conditions predictive of lack of bonding: sociopathic personality; drug involvement; or other serious conditions making reunification unlikely.

Parents are intellectually impaired, have shown significant self-care deficits, and have no support system of relatives able to share parenting. Risk that slow pace of parents' progress will require long-term placement of child. Parents' concrete thinking may prevent learning without practice and presence of the child.

In addition to emotional trauma, the child has suffered more than one form of abuse, neglect, or sexual abuse. Risk of long-term placement due to complexity of situation and need for wide variety of services to meet different needs before child can be safety returned.

Accepted Treatment Modalities

Therapeutic day care; youth service bureau; teen parent programs; groups for single parents; drug/alcohol assessment; permission to relinquish.

Therapeutic day care; youth service bureau; teen parent programs; groups for single parents; drug/alcohol assessment; permission to relinquish.

Drug/alcohol evaluation; psychological evaluation; anger management; life-skills program; counseling; parenting classes; therapeutic day care.

Direct, confrontational counseling and decision making for the child's permanence; psychiatric evaluation; time lines set and enforced; relinquishment.

Drug/alcohol evaluation and recommended treatment (with infant if possible); access to medical and criminal records; time lines set and enforced; education concerning long-term effects on infant; permission to relinquish.

Psychological evaluation; drug/alcohol evaluation; recommended treatment; public health nurse; parent training.

Parent training designed for developmentally disabled (DD) parents; counseling for DD adults and group counseling; home-based services; Homebuilders; parent aide; therapeutic day care; public health nurse; life-skills program coordinator.

Psychological evaluation and recommended treatment; drug/alcohol evaluation and treatment; sexual deviancy evaluation and treatment; parenting training; home-based services; Homebuilders; day care; Parents Anonymous; parent aide; anger management.

Appendix D

Checklist of Issues in Establishing Family Group Conferences

(Elizabeth Cole and Mark Hardin)

Many important policy issues need to be considered when developing experimental family group conference projects for child abuse and neglect cases. The following is a checklist of some of the important issues that need to be addressed.

I. Scope and Purpose of Family Group Conferences

How do you define the scope and purpose of the family group conference – e.g., to be employed in cases involving substantiated child abuse and neglect, for the purpose of involving the extended family in developing and implementing plans to protect the child?

II. Values and Principles

Is there a clearly articulated set of values and principles that will undergird the program?

What are these values and principles?

Does it include a statement of whose rights are paramount?

Do you expect any resistance to the idea of family group conferences? Who do you expect will oppose it? For what reasons? What is your plan to overcome it?

III. Responsibility for Family Group Conferences

Who will be responsible for coordinating family group conferences? What agency? What portion of what agency?

If the public child welfare agency does not coordinate family group conferences, what role will public agency workers play in family group conferences?

If the public agency does not coordinate family group conferences, how will the roles of public agency workers and family group conference coordinators be divided, before, during, and after family group conferences?

Who else needs to be involved in planning for the implementation of family group conferences?

What about other public agency personnel, judges, and attorneys?

IV. Before the Family Group Conference

A. Referring Cases

How will cases be referred for family group conferences?

On what basis can a referral be refused? Will the right to refuse depend upon who makes the referral?

Who will be responsible for deciding whether and when to make referrals?

What are the criteria for accepting a referral?

Who will decide whether to accept a referral? Will this decision be reviewed?

What steps would be required of the presenting child protection investigator before a case is presented for a family group conference?

Who can refer a case to a family group conference as opposed to simply making a child abuse or neglect report?

Will there be a review of cases that were not referred to a family group conference to determine if they should have been referred?

B. Timeliness

What will you do to see that the prefamily group conference investigation is done in a timely fashion?

Have you specified the information you will need from the investigator so that you minimize cases being sent back due to incomplete information?

What steps should be taken, if any, to ensure the timely convening and completion of family group conferences?

When (within what deadline) must a referral be made to a family group conference?

When (within what deadline after receiving a referral) must a family group conference be convened?

Have you made clear that family group conferences should be held as soon as possible? Do you wish to establish time frames within which meetings must be held?

Should there be standards or limits regarding the duration of a family group conference?

Have you made clear that the meetings must be held at a time most convenient to the family?

Have you made it clear that it is your expectation that the majority of meetings would be held in the evening, on weekends, and possibly holidays

C. **Formal Family Meetings**

Will you permit informal family meetings before the family group conference?

What guidelines will you establish to ensure that informal family meetings are not used to replace family group conferences, and what guidelines do you have to clarify when informal meetings are justified?

To what extent should family members be encouraged to discuss their cases on their own before attending family group conferences?

D. **Preparation Activities**

What steps should be required of the presenting child protection investigator before a case is presented for a family group conference?

How should coordinators go about contacting family members and inviting them to family group conferences?

What information should be provided to family members in advance of their attendance at family group conferences?

V. How Family Group Conference Meetings Should be Conducted

A. Procedures

Should the family group conference be divided into three distinct phases – information giving, family deliberations, and decisionmaking?

Are there key activities that every family group conference should have? What are these?

Should there be standards or limits regarding the duration of a family group conference?

Should the family group conference be confidential?

B. Information Phase

What information will the family be given before and during the meeting about: the roles and tasks of participants; available resources; and, implications for those who will monitor the child?

Do you have a strategy for providing information in a way that might save time e.g., making a videotape that could be given to family members?

What is the role of the information giver?

What type of recommendations, if any, should information givers offer? How much should they try to influence the outcome?

What kind of orientation will you give to the information givers?

What plan do you have to provide information givers feedback on their performance?

C. Family Deliberation

Will you require that families deliberate privately?

Should the family be provided with guidelines concerning its private deliberation?

Should the facilitator and others that are not family members stay during the private deliberations? If invited? What reasons, if any, would justify others staying?

D. Participants

Who should attend? Are there entitled family members and others?

Should attendance be compelled or mandated of family members and professional information givers?

Should the family group be able to control whether anyone else can be present during the family deliberation? Should there be a standard policy?

Who should be excluded from family deliberations? Do you have clearly articulated grounds?

What discretion, if any, should there be to exclude family members? When should they be excluded?

Can counsel attend? What other professionals? What criteria will be used to decide if they may attend?

Do you have guidelines on the appropriate role of the professional?

Will you try to limit the size of the meetings?

Will troublesome people be excluded before or during the meeting?

How will you obtain the views of those family members who do not attend?

When, if ever, and how should children participate?

When, if ever, and how should CASA volunteers participate?

What steps should be taken/required to locate parents and family members?

E. Venue

Do you have a policy that the meetings should be held at a place convenient to the family?

Do you have a preference that the meetings be held in the family home or community gathering place? How do you intend to enforce this policy? When is it acceptable to have the meetings in the office?

What is your policy when the majority of the family lives in another district?

F. Development of Plan at Family Group Conference

Who formulates that plan? Who writes it?

What format should be used for a family group conference plan?

Should the family be invited to prepare a preliminary draft? How extensive should the write-up be following the family group conference?

Who distributes the plan? Who gets a copy?

Should the plan be prepared and distributed on the spot? If not, do you have time lines for preparation and distribution?

How binding is the plan? Should attorneys for the parties have a chance to review the plan before it becomes binding?

What will be done to ensure that the family members know what is expected of them and what they can expect from others?

What happens if the family group conference cannot agree on a plan? Reconvene? Go to court?

VI. Procedure Following Family Group Conferences

A. Reconvening Family Group Conferences

Should it be routine practice (at least in a large proportion of cases) for the family group conference to be reconvened at a later time so the family group can arrive at more detailed decisions concerning the case plan for the child or update the prior plan?

What should be the procedure in reconvening a family group conference?

If family group conferences are to be automatically reconvened, should they re-occur at set intervals? If so, at what intervals? Should the intervals be made to tie in to the requirements of the federal Adoption Assistance and Child Welfare Act – i.e., to occur at least once every six months?

Should family members have the option of subsequently reconvening family group conferences? If so, how should this option be communicated and what family members should be able to exercise it?

B. Agreements and Vetos

Will the convener of the family group conference be required to seek the agreement to the plan of the person who referred the case? How will this goal be accomplished?

What family members should have the power to veto the decision of a family group conference?

Should the coordinator have a veto?

Should the public agency social worker have a veto?

Should there be a special procedure to ensure that the individual members of the family agree with the group decision?

VII. Family Group Conference Facilitators

A. Background Requirements

What should be the qualification of the persons who convene and facilitate family group conferences, e.g., prior experience as a case worker in child abuse and neglect cases?

What should be the mandatory types and level of education and training for the facilitators of family group conferences, e.g., should there be required knowledge and skills in mediation?

What hiring process would best help select the candidates with appropriate skills, values, and knowledge?

Do you have a statement of the facilitator's role?

What should be the pay and job level classification of coordinators?

B. Training

Do you have a program for training the facilitators?

What is the content of the training?

Do you have a plan for ongoing training?

Are the skills and knowledge that are emphasized in the training the same as those that will be used to hire and evaluate the facilitator?

What is your plan to provide knowledgeable supervision to these facilitators?

C. Workload

What should be the workload (caseload) for the family group conference facilitator?

VIII. Legality of Family Group Conferences

Are there any legal bars to the use of family group conferences? What about state law concerning confidentiality?

Will the consent of parents be required before family group conferences may be convened? Will such consents be sufficient?

Are there due process protections that must be provided in connection with family group conferences? When do parents need access to legal counsel?

What steps are needed to resolve legal issues and questions that depend upon state law? Who should be involved in this process – including judges, lawyers, and others?

When, relative to the court process, should family group conferences be convened? Before court proceedings have begun, at the preliminary hearing, at disposition, at the judge's discretion?

Assuming that family group conferences sometimes or always begin before court proceedings, when must cases be taken to court? When there is to be a change of custody? When there is a danger of parental interference, subsequent abuse, or absconding with the child? After the agreement has failed?

Should family group conference case plans be designed to meet federal and state case plan requirements?

What, if anything, should be the role of extended family members during case reviews that are conducted pursuant to federal and state law?

What, if anything, should be the role of extended family members during court proceedings?

How should the results of the family group conference be presented in court?

IX. Evaluation of Family Group Conferences

Will there be an evaluation that will describe the impact of family group conferences as well as the process? If so, who will conduct the evaluation?

Will the evaluation use control groups? Will there be a random assignment of cases?

How will the plans be monitored after family group conferences have been held?

Will you require that a written report be prepared in each case, describing case outcomes following the family group conference?

What is your plan for quality assurance?

X. Services to Families

Will specific assistance be given to family members to help them learn how to access the services identified in their plan? What is your plan for providing such assistance?

Can you anticipate the services that might be most needed by the families? Is it likely that these services will be available in your community?

Is there anything you can do to facilitate the availability of these services to the families?

Will anyone follow up to see if the family has linked to the services? Who?

What financial support, if any, should be provided to family members to enable them to attend family group conferences?

What written guidelines do you have for paying any costs attendant to the family group conference? How will this information be conveyed to the family?

XI. Other Important Considerations

How will you assure that the family group conference is culturally appropriate?

What is your plan for educating the general public and the professional communities about family group conferences?

Have you included all your community's necessary stakeholders in this planning process?

About NACAC

In North America, tens of thousands of children cannot remain with their birth families. These special needs children – once labeled unadoptable or hard to place – are mostly school-aged. Some are brothers and sisters who must be placed together. Some are drug-exposed or medically fragile. Most have physical, mental, or emotional difficulties. Many are children of color. All need permanent, loving families.

Founded in 1974 by adoptive parents, the North American Council on Adoptable Children (NACAC) is committed to meeting the needs of waiting children and the families who adopt them. Since its inception, the organization's mission has remained essentially unchanged:

Every child has the right to a permanent family. The Council advocates the right of every child to a permanent, continuous, nurturing and culturally sensitive family, and presses for the legal adoptive placement of any child denied that right.

Through education, parent support, research, and advocacy in the U.S. and Canada, NACAC helps to reform systems, alter viewpoints, and change lives. Below are a few examples of our work in these areas.

Education – Host the most comprehensive annual adoption conference in North America, raise public awareness about waiting children, and inform parents and professionals, including our 1,700 members, about issues related to foster care and special needs adoption through publications and trainings.

Parent Support – Empower parents and parent groups by creating new publications, conducting trainings, and providing phone consultation and materials to address parents' questions about adoption subsidies.

Research – Maintain and disseminate up-to-date information on adoption subsidy in each state and innovative permanency planning practices nationwide.

Advocacy – Support parent groups and child welfare professionals in their efforts to move more children out of foster care and into adoptive homes.

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